

**State of Wisconsin
Department of Commerce
Fire Safety Performance Manufacturer Certification**

This certification is: Initial Brand Family Certification New Cigarette with Previously Certified Brand Family

MANUFACTURER IDENTIFICATION

Manufacturer: _____
Mailing Address: _____
Street Address: _____
Phone Number: _____ Fax Number: _____
Email Address: _____
Website: _____

DESIGNATED CONTACT FOR CERTIFICATION

Contact Name: _____
Organization: _____
Relationship to Manufacturer: _____
For Example: Attorney, Importer, Tax Compliance Manager, etc.
Mailing Address: _____
Phone Number: _____ Fax Number: _____
Email Address: _____

TESTING METHOD

Manufacturer certifies that each cigarette listed in this certification has been tested pursuant to s. Wis Stat.167.35(3).

CHECK ONE

American Society of Testing and Materials ("ASTM") Standard E2187-04.

Alternate method approved by the State of Wisconsin _____
State Approval Number

Other state approved method or standard

*Name of State
(Attach Copy of Approval)*

MARKING METHOD

CHECK ONE

Manufacturer certifies that all cigarettes included in this certification have "FSC" permanently marked in eight-point type or larger on each pack, carton, cases and other packages containing the cigarettes in conjunction with the universal product code as required by s. Wis Stat.167.35(3).

Manufacturer certifies other marking per s. Wis. Stat. 167.35(4). *Copy Attached*

Manufacturer _____

Mail Forms and Payment to:
Wisconsin Department of
Commerce PO Box 78780
Milwaukee WI 53293-0780

CERTIFICATION FEE

Pursuant s. Wis Stat.167.35 (2)(f), for each cigarette listed in the certification, a manufacturer shall pay to the Wisconsin Department of Commerce a fee of \$1000 for each brand family. Payment must be made payable to Wisconsin Department of Commerce.

Number of Brand Families _____ X \$1,000 = _____
Total
Revenue Code: 7652

VERIFICATION OF CERTIFICATION

I certify that, to the best of my knowledge, all of the information contained in this certification and any attachments are true and accurate.

I certify that, as of the date of this certification, the named manufacturer requesting certification is (1) a manufacturer as defined in s. Wis. Stat. 167.35 and (2) in full compliance with the Fire Safety Performance Standards for Cigarettes in s. Wis. Stat. 167.35.

I certify under penalty of perjury under the laws of the State of Wisconsin that the foregoing is true and correct.

Executed this _____ day of _____, 20_____.

Signature of Authorized Officer or Agent

Personal information you provide may be used for secondary purposes.
[Privacy Law, s.15.04 (l) (m)]

Name (Please Print)

Title (Please Print)