

# Arkansas Tobacco Control 101 East Capitol Avenue, Suite 401 Little Rock, Arkansas 72201 501-682-9756 Fax: 501-682-9760



# MANUFACTURER'S APPLICATION FOR FIRE SAFE STANDARD COMPLIANT CIGARETTE APPROVAL

This application must be accompanied by all fees, documents and information required by Ark. Code Ann. §20-27-2101 et. Sec, the Arkansas Cigarette Fire Safety Standard Act and all rules promulgated thereunder. Please complete this form in its entirety. All fees are non-refundable.

| APPROVAL  |  |   |  |   |                                    |  |  |  |
|---|--|---|--|---|------------------------------------|--|--|--|
| CHECK ONE   | TYPE OF APPROVAL   | APPROVAL FEE  |  | QUANTITY OF BRAND   | FAMILIES                           | TOTAL INCLUDED                             |  |  |
|   | INITIAL APPROVAL   | \$1000 per each brand family                        |  |   | =                                  | \$   |  |  |
|   | 3 YEAR RENEWAL*  | \$1000 per each b                                   | orand family                                 |   | =                                  | \$   |  |  |
|   |  |   | MANUFACTUR                                   | ER  |                                    |  |  |  |
| COMPANY NAME CONTACT PERSON                                     |  |   |  |   |                                    | FEDERAL EMPLOYER IDENTIFICATION NO. (FEIN) |  |  |
| ADDRESS   |  |   | CITY   |   | STATE                              | ZIP CODE                                   |  |  |
| PHONE NUMBER  |  |   | FAX NUMBER                                   |   |                                    |  |  |  |
| E-MAIL ADDRESS  |  |   | WEB ADDRESS (option                          | EB ADDRESS (optional)   |                                    |  |  |  |
| MAIL TO: ARKA   | ANSAS TOBACCO CON  | NTROL, 101 E. CAPI                                  | TOL AVE., Suite                              | e 401, LITTLE ROCK AR 72  | 2201                               |  |  |  |
| CHECK LIST (All   | of the following items mus                                     | st accompany this docu                              | ument for the appl                           | ication to be complete):  |                                    |  |  |  |
| CIGARETTE FIRE:  APPROPRIATE FEE? CERTIFICATION FORM PAGES TO   |  |   | SAFETY                                       | ☐ ILLUSTRATION OF PROPOSED MARKING?   |                                    |  |  |  |
| SIGNATURE   |  |   |  |   |                                    |  |  |  |
| conjunction with this thereunder. By my                         | s application comply with Ark signature, I verify that the inf | . Code Ann. §20-27-2101 ormation on the application | et. Sec, the Arkans<br>on and all related fo | isted on Forms ATC-FSC-2 and A<br>cas Cigarette Fire Safety Standard<br>rms and/or attachments is true. I<br>we and may be subject to civil and | d Act and all rule understand that | es promulgated<br>t knowingly              |  |  |
| ORIGINAL SIGNATURE OF AUTHORIZED REPRESENTATIVE OF MANUFACTURER |  |   |  | DATE  |                                    |  |  |  |
| PRINTED NAME  |  |   |  | TITLE   |                                    |  |  |  |
| For ATC use only  | y:   |   |  |   |                                    |  |  |  |

<sup>\*</sup> Required every three years from date of laboratory testing.



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1 ux: 501 002 5700

# FIRE SAFE STANDARD COMPLIANT CIGARETTE CERTIFICATION FORM

Cigarettes must be tested according to Ark. Code Ann. §20-27-2101 et. Sec, the Arkansas Cigarette Fire Safety Standard Act and all rules promulgated thereunder. A separate Fire Safety Standard Compliant Cigarette Certification Form (Form ATC-FSC-2) must be completed if a cigarette manufacturer employs more than one testing entity to conduct FSC cigarette testing or if certifications for any brand styles are sought at different times. Please print additional pages of the Certification by Cigarette Variety form (Form ATC-FSC-2A) as necessary.

|  |                            |  | TESTI          | NG                     |                                 |                                |  |  |
|--|----------------------------|--|----------------|------------------------|---------------------------------|--------------------------------|--|--|
| TESTING EN                                       | TITY                       |  |                |                        |                                 |                                |  |  |
| LABORATORY OR TESTING ENTITY'S NAME              |                            |  | CONTACT PERS   | CONTACT PERSON         |                                 |                                |  |  |
| ADDRESS  |                            |  | CITY           |                        | STATE                           | ZIP CODE                       |  |  |
| PHONE NUMBER                                     |                            |  | FAX NUMBER     | FAX NUMBER             |                                 |                                |  |  |
| E-MAIL ADDRESS (optional)                        |                            |  | WEB ADDRESS (  | WEB ADDRESS (optional) |                                 |                                |  |  |
|  |                            |  |                |                        |                                 |                                |  |  |
|  |                            |  | TEST ME        |                        |                                 |                                |  |  |
| ASTM E218  |                            | hod approve by the Director<br>the proposed testing meth       |                | Control. Attach a copy | of the ATC Director's           |                                |  |  |
| TESTING AN                                       | D QUALITY ASSUF            | RANCE PROGRAM  |                |                        |                                 |                                |  |  |
| ISO/IEC 17025 ACCREDITED? REPEATABILITY ABOVE    |                            |  | BOVE 0.19?     |                        |                                 | PERFORMANCE<br>STANDARD MET? * |  |  |
| □YES   | □NO                        | □YES   | □NO            | □YES                   | □NO                             | □YES □ NO                      |  |  |
| SIGNATURE  |                            |  |                |                        |                                 |                                |  |  |
|  | •                          | ion on this form, the attachm<br>violation of Arkansas law and |                |                        | nat knowingly providing a false | certification                  |  |  |
| ORIGINAL SIGNATURE OF QUALITY ASSURANCE DIRECTOR |                            |  |                | DATE                   | DATE                            |                                |  |  |
| QUALITY ASSURAN                                  | CE DIRECTOR (please print) |  |                |                        |                                 |                                |  |  |
|  | ATTACH THIS FORM           | TO THE MANUFACTU   | RER'S APPLICAT | ON FOR FIRE SAFE       | STANDARD COMPLIANT              | CIGARETTE                      |  |  |
| For ATC use of                                   | only:                      |  |                |                        |                                 |                                |  |  |
|  |                            |  |                |                        |                                 |                                |  |  |
|  |                            |  |                |                        |                                 |                                |  |  |
|  |                            |  |                |                        |                                 |                                |  |  |
|  |                            |  |                |                        |                                 |                                |  |  |
|  |                            |  |                |                        |                                 |                                |  |  |

<sup>\*</sup> The performance standard is met when no more than 25 percent of the cigarettes tested exhibit full-length burns.



# **Arkansas Tobacco Control** 101 East Capitol Avenue, Suite 401 Little Rock, Arkansas 72201 501-682-9756



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| PLEASE PRINT ADDITIONAL COP              | IES OF THIS PAGE IF NEEDED AND ATTACH                   |  |  |
|--|---|--|--|
| CERTIFICATIONS                           | S BY CIGARETTE VARIETY                                  |  |  |
| Brand or Trade Name                      | Brand or Trade Name                                     |  |  |
| Style*                                   | Style*  |  |  |
| Length in Millimeters                    | Length in Millimeters                                   |  |  |
| Circumference in Millimeters             | Circumference in Millimeters                            |  |  |
| Flavor**                                 | Flavor**  |  |  |
| Filter/Non-Filter                        | Filter/Non-Filter                                       |  |  |
| Package Description***                   | Package Description***                                  |  |  |
| Marking under A.C.A. §20-27-2106         | Marking under A.C.A. §20-27-2106                        |  |  |
| Date Testing Occurred                    | Date Testing Occurred                                   |  |  |
|  |   |  |  |
| Brand or Trade Name                      | Brand or Trade Name                                     |  |  |
| Style*                                   | Style*  |  |  |
| Length in Millimeters                    | Length in Millimeters                                   |  |  |
| Circumference in Millimeters             | Circumference in Millimeters                            |  |  |
| Flavor**                                 | Flavor**  |  |  |
| Filter/Non-Filter                        | Filter/Non-Filter                                       |  |  |
| Package Description***                   | Package Description***                                  |  |  |
| Marking under A.C.A. §20-27-2106         | Marking under A.C.A. §20-27-2106                        |  |  |
| Date Testing Occurred                    | Date Testing Occurred                                   |  |  |
|  |   |  |  |
| Brand or Trade Name                      | Brand or Trade Name                                     |  |  |
| Style*                                   | Style*  |  |  |
| Length in Millimeters                    | Length in Millimeters                                   |  |  |
| Circumference in Millimeters             | Circumference in Millimeters                            |  |  |
| Flavor**                                 | Flavor**  |  |  |
| Filter/Non-Filter                        | Filter/Non-Filter                                       |  |  |
| Package Description***                   | Package Description***                                  |  |  |
| Marking under A.C.A. §20-27-2106         | Marking under A.C.A. §20-27-2106                        |  |  |
| Date Testing Occurred                    | Date Testing Occurred                                   |  |  |
|  |   |  |  |
| Brand or Trade Name                      | Brand or Trade Name                                     |  |  |
| Style*                                   | Style*  |  |  |
| Length in Millimeters                    | Length in Millimeters                                   |  |  |
| Circumference in Millimeters             | Circumference in Millimeters                            |  |  |
| Flavor**                                 | Flavor**  |  |  |
| Filter/Non-Filter                        | Filter/Non-Filter                                       |  |  |
| Package Description***                   | Package Description***                                  |  |  |
| Marking under A.C.A. §20-27-2106         | Marking under A.C.A. §20-27-2106                        |  |  |
| Date Testing Occurred                    | Date Testing Occurred                                   |  |  |
| Drawd or Trada Nama                      | Duna di ar Tra da Marra                                 |  |  |
| Brand or Trade Name                      | Brand or Trade Name                                     |  |  |
| Style* Length in Millimeters             | Style* Length in Millimeters                            |  |  |
| Circumference in Millimeters             | Circumference in Millimeters                            |  |  |
| Flavor**                                 | Flavor**  |  |  |
|  | Filter/Non-Filter                                       |  |  |
| Filter/Non-Filter Package Description*** |   |  |  |
| 0  | Package Description***                                  |  |  |
| Marking under A.C.A. §20-27-2106         | Marking under A.C.A. §20-27-2106                        |  |  |
| Date Testing Occurred                    | Date Testing Occurred                                   |  |  |
| Brand or Trade Name                      | Brand or Trade Name                                     |  |  |
| Style*                                   | Style*  |  |  |
| Length in Millimeters                    | Length in Millimeters                                   |  |  |
| Circumference in Millimeters             | Circumference in Millimeters                            |  |  |
| Flavor**                                 | Flavor**  |  |  |
| Filter/Non-Filter                        | Filter/Non-Filter                                       |  |  |
| Package Description***                   | Filter/Non-Filter Package Description***                |  |  |
| Marking under A.C.A. §20-27-2106         | Package Description**  Marking under A.C.A. §20-27-2106 |  |  |
| Date Testing Occurred                    | Date Testing Occurred                                   |  |  |
| Sale Folking Cooking                     |   |  |  |
|  |   |  |  |

| * | Light, | Ultra | Light, | Regular, | Etc. |
|---|--------|-------|--------|----------|------|
|---|--------|-------|--------|----------|------|

\*\* Menthol, Etc.
\*\*\*Soft Pack, Box, Etc. MANUFACTURER\_\_\_\_\_ PAGE \_\_\_\_ OF \_\_\_\_



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## Instructions

#### Who must file this certification?

Any manufacturer who intends for its cigarettes to be listed as compliant in the Arkansas Tobacco Control Directory of Fire Safe Standard Compliant Cigarettes. If a cigarette is not properly certified, it will not be listed in the Directory.

It is unlawful to stamp, sale or offer for sale in the State of Arkansas any cigarette which is not included in the Arkansas Tobacco Control Directory of Fire Safe Standard Compliant Cigarettes.

#### Which cigarettes require certification?

Each brand style of all cigarette brand families must be individually certified as Fire Safe Standard Compliant in order to be lawfully sold in the State of Arkansas.

## What will happen if Certification is not submitted?

If a cigarette is not certified, it will not be listed in the Directory and the stamping, sale or offer to sell such cigarettes will be subject to civil penalties under Arkansas law.

#### When is this Certification due?

Initial certification must be filed with the Director of Arkansas Tobacco Control by January 1, 2010. Cigarette brand families are required to be recertified every three years by the tri-annual anniversary date for that brand family of cigarette.

If, after certification, a manufacturer makes changes to a cigarette which is likely to alter its compliance with Ark. Code Ann. § 20-27-2101 et. sec, the Arkansas Cigarette Fire Safety Standard Act and all rules promulgated thereunder, the cigarette shall not be sold or offered for sale in the State of Arkansas until such time as the manufacturer re-certifies the cigarette pursuant to Arkansas law.

# What is the fee for Certification?

The certification fee is \$1,000.00 per brand family for both initial certification and re-certification. However, even though the certification fee is for brand family, each brand style within a brand family must be individually tested and certified as Fire Safety Standard Compliant.

#### How do I satisfy the State's compliance requirements?

Complete and timely file forms ATC-FCS-1, -2 and -2A as necessary, and submit the appropriate fees and supporting documentation.

# Where do I send my completed Certification forms, payments and information?

Mail the completed forms, payment and supporting documentation to:

Director
Arkansas Tobacco Control
101 E. Capitol Ave., Suite 401
Little Rock AR 72201

## **SPECIFIC INSTRUCTIONS**

Certification is obtained according to a cigarette's "brand family", which means the brand name, but does not include cigarette brand styles or

other characteristics such as length, circumference, flavor, filter, packaging, etc. A fee is required for each brand family certified. Compliant brand styles of cigarettes are registered according to a certified brand family.

## **Types of Certification**

\*Initial Certification for a brand family is due January 1, 2010.

\*Re-certification for a brand family shall be made every three years by the tri-annual anniversary date for that brand family.

\*A supplemental certification must be made if brand styles within a brand family are added or removed within an existing certification period.

#### Manufacturer, Brand Family and Brand Style Identification

\*Each manufacturer should file a Form ATC-FSC-1 to provide the Director of Arkansas Tobacco Control with the company name, address, telephone, fax, web address, FEIN and name and title of person completing the form.

- \*A manufacturer should file form ATC-FSC-2 to identify for certification each brand family of all cigarettes that the manufacturer will sell or offer for sale in the State of Arkansas, either directly or indirectly through any dealer, wholesaler or retailer.
- \*A manufacturer should file form ATC-FSC-2A (as many as necessary) listing the style, length, circumference, flavor, filter, packaging description, date of testing and compliance mark for each brand style cigarette within a certified Brand Family to be sold in Arkansas. A satisfactory fire safety standard compliance test for each brand style cigarette is required.

# **Test Methods**

Indicate on the appropriate form which test method applied to the cigarettes certified. Attach the most recent test results for each brand style cigarette registered under a certified brand family.

## **Cigarette Package Marking Approval**

Prior to the certification of any cigarettes, a manufacturer shall obtain the approval the Director of Arkansas Tobacco Control that its proposed cigarette package marking complies with Ark. Code Ann. §20-27-2106 of Arkansas Cigarette Fire Safety Standard Act and all rules promulgated thereunder.

## **Designated Representative for Communications and Notices**

The names and contact information provided by the manufacturer on the forms will be used by the Director of Arkansas Tobacco Control to contact the manufacturer with regard to the administration of Ark. Code Ann. §20-27-2101 et. Sec, the Arkansas Cigarette Fire Safety Standard Act and all rules promulgated thereunder. It is the manufacturer's responsibility to keep this information current.

# Authorized Representative

Forms, test results or other documentation shall only be submitted to the Director of Arkansas Tobacco Control by a manufacturer's authorized representative with reliable knowledge as to veracity and completeness of the information provided. The authorized representative executing the application, certification and/or other documents shall be an officer, principal, director or other authorized representative of the manufacturer. The authorized designee's name and title must be legibly printed.