



Texas Department of Insurance

**State Fire Marshal's Office** Mail Code 112-FM  
 333 Guadalupe • P. O. Box 149221, Austin, Texas 78714-9221  
 512-305-7900 • 512-305-7922 fax • www.tdi.state.tx.us

## CERTIFICATION BY MANUFACTURER FOR FIRE STANDARD COMPLIANT CIGARETTE (FSCC)

This certification must be accompanied by all fees, documents, and information required by Chapter 796 of the Texas Health and Safety Code and the Texas Fire Standard Compliant Cigarette Rules. Please complete the entire form. Please print or type. All fees are non-refundable, except for overpayments resulting from mistakes of law or fact.

<b>CERTIFICATION</b>								
CHECK ONE	TYPE OF CERTIFICATION	CERTIFICATION FEE	QUANTITY OF VARIETIES	TOTAL AMOUNT INCLUDED				
<input type="checkbox"/>	Initial certification	\$250 per cigarette variety		= \$				
<input type="checkbox"/>	3 year renewal	\$250 per cigarette variety		= \$				
<b>MANUFACTURER</b>								
COMPANY NAME		CONTACT PERSON						
ADDRESS		CITY	STATE	ZIP CODE COUNTRY				
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):		PHONE NUMBER	FAX NUMBER					
E-MAIL ADDRESS FOR NOTIFICATION PURPOSES <i>(optional)</i>		WEB ADDRESS <i>(optional)</i>						
<b>CHECK LIST</b> ( All of the following items must accompany this document for the application to be complete):								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Appropriate Fee</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> List of Cigarette Varieties Certified</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> FSCC Testing Form</td> <td style="padding: 5px;"><input type="checkbox"/> Marking Approval Form and illustration of proposed marking * (unless previously submitted)</td> </tr> </table>					<input type="checkbox"/> Appropriate Fee	<input type="checkbox"/> List of Cigarette Varieties Certified	<input type="checkbox"/> FSCC Testing Form	<input type="checkbox"/> Marking Approval Form and illustration of proposed marking * (unless previously submitted)
<input type="checkbox"/> Appropriate Fee	<input type="checkbox"/> List of Cigarette Varieties Certified							
<input type="checkbox"/> FSCC Testing Form	<input type="checkbox"/> Marking Approval Form and illustration of proposed marking * (unless previously submitted)							
<b>SIGNATURE</b>								
I certify that the cigarette varieties listed on this form and attached to this certification have been tested in accordance with and meet the performance standard in the Health and Safety Code §796.003 or 796.004. By my signature, I verify that the information provided on this form and its attachments are true.								
SIGNATURE – AN EMPLOYEE AUTHORIZED TO SIGN ON BEHALF OF THE MANUFACTURER			DATE					
PRINTED NAME			TITLE					
<b>MAIL TO:</b> STATE FIRE MARSHAL'S OFFICE, MAIL CODE 112-FM, P.O. BOX 149221, AUSTIN, TX 78714-9221								

\* **The Marking Approval/Modification of Marking Approval form may be submitted in conjunction with, prior to, or separately from the submission of cigarette certification.**

Cigarettes must be tested according to Chapter 796 of the Texas Health and Safety Code, which can be found at <http://www.statutes.legis.state.tx.us/?link=ED>. A separate Texas Fire Standard Compliant Cigarette Certification Form must be completed if a cigarette manufacturer employs more than one testing entity to conduct FSCC testing. Please print additional pages of the List of Cigarette Varieties Certified document (page 3 of 3) if necessary.

<b>FSCC TESTING FORM</b>			
<b>TESTING ENTITY</b>			
LABORATORY OR TESTING ENTITY'S NAME		CONTACT PERSON	
ADDRESS	CITY	STATE	ZIP CODE COUNTRY
PHONE NUMBER		FAX NUMBER	
EMAIL ADDRESS FOR NOTIFICATION PURPOSES ( optional)		WEB ADDRESS ( optional)	
<b>TEST METHOD (check one)</b>			
<input type="checkbox"/> ASTM E2187-04		<input type="checkbox"/> Alternate method approved by the Texas State Fire Marshal. Attach copy of the Texas State Fire Marshal's authorization of the proposed testing method.	
<b>TESTING AND QUALITY ASSURANCE PROGRAM</b> (The answers provided below apply to all cigarettes listed on the Certification by Cigarette Variety document.)			
ISO/IEC 17025 ACCREDITED	REPEATABILITY ABOVE 0.19	TESTED ON 10 LAYER OF FILTER PAPER	PERFORMANCE STANDARD MET*
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>SIGNATURE</b> (This signature is optional and is not required.)			
By my signature, I verify that the information on this form and its attachments are true. I understand that knowingly providing a false answer to any question or submitting false information or documents with this form may be tampering with a governmental record which is punishable under §37.10 of the Texas Penal Code.			
SIGNATURE OF QUALITY ASSURANCE DIRECTOR			DATE
QUALITY ASSURANCE DIRECTOR (please print name)			

**NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES**

*With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under §552.021 and §552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under §559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of the TDI Legal Services Division at (512) 475-1757 or visit the Corrections Procedure section on TDI's web page at [www.tdi.state.tx.us](http://www.tdi.state.tx.us)*

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

**LIST OF CIGARETTE VARIETIES CERTIFIED**

1.	Brand or Trade Name		1.	Brand or Trade Name	
2.	Style <sup>1</sup>		2.	Style	
3.	Length in Millimeters		3.	Length in Millimeters	
4.	Circumference in Millimeters		4.	Circumference in Millimeters	
5.	Flavor <sup>2</sup>		5.	Flavor	
6.	Filter/Non-Filter		6.	Filter/Non-Filter	
7.	Package Description <sup>3</sup>		7.	Package Description	
8.	Date Testing Occurred		8.	Date Testing Occurred	
9.	Package Universal Product Code (UPC)		9.	Package Universal Product Code (UPC)	
10.	Carton Universal Product Code (UPC)		10.	Carton Universal Product Code (UPC)	

1.	Brand or Trade Name		1.	Brand or Trade Name	
2.	Style		2.	Style	
3.	Length in Millimeters		3.	Length in Millimeters	
4.	Circumference in Millimeters		4.	Circumference in Millimeters	
5.	Flavor		5.	Flavor	
6.	Filter/Non-Filter		6.	Filter/Non-Filter	
7.	Package Description		7.	Package Description	
8.	Date Testing Occurred		8.	Date Testing Occurred	
9.	Package Universal Product Code (UPC)		9.	Package Universal Product Code (UPC)	
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<sup>1</sup> Light, Ultra Light, Regular, etc.

<sup>2</sup> Menthol, etc.

<sup>3</sup> Soft Pack, Box, etc.