



State of New Jersey Certification of Cigarette Manufacturer for “The Reduced Cigarette Ignition Propensity and Firefighter Protection Act”



Please Review Instructions Prior to Completion.

Part 1: Type of Certification

Type of Certification (Check one) Initial Supplemental 3 Year Re-certification

Type of Manufacturer: (check one) Participating Manufacturer Non-Participating Manufacturer

Part 2: Manufacturer Identification

Company Name			FEIN		
Mailing Address					
City	State	Zip Code	Country		
Phone	Fax	Web Address			
Name and title of person completing this form					

Part 3: Cigarette Description (Attach Additional Copies of Page 2 of 5 of this Application as necessary)

The undersigned manufacturer certifies, under penalty of perjury, as of the date of this certification, it is a cigarette manufacturer, and is in full compliance with the “The Reduced Cigarette Ignition Propensity and Firefighter Propensity and Firefighter Protection Act.”, N.J.S.A. 54:40A-54 et. seq. The Cigarettes included in this certification have been tested in accordance with N.J.S.A. 54:40A-57. Indicate below the test method used and **attach test results and laboratory certificates for each Brand Style Certification**. If “Other” is indicated, attach a copy of the Chief of Fire Safety authorization of the proposed testing method.

Provide a Cigarette Description listing the brand (e.g., the trade name on the package); style (e.g., light, ultra light); length in millimeters; circumference in millimeters; flavor (e.g., menthol) if applicable; filter or non-filter; and package description (e.g., soft pack, box) for each cigarette listed in this certification (N.J.S.A. 54:40A-58b).

Test Method	Cigarette Description	Brand family currently listed on N.J. directory or pending approval	Test Method	Cigarette Description	Brand family currently listed on N.J. directory or pending approval
<input type="checkbox"/> ASTM E2187-04 <input type="checkbox"/> Other		<input type="checkbox"/> Currently Listed <input type="checkbox"/> Pending Approval	<input type="checkbox"/> ASTM E2187-04 <input type="checkbox"/> Other		<input type="checkbox"/> Currently Listed <input type="checkbox"/> Pending Approval
<input type="checkbox"/> ASTM E2187-04 <input type="checkbox"/> Other		<input type="checkbox"/> Currently Listed <input type="checkbox"/> Pending Approval	<input type="checkbox"/> ASTM E2187-04 <input type="checkbox"/> Other		<input type="checkbox"/> Currently Listed <input type="checkbox"/> Pending Approval
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Part 4: Marking Approval

All cigarettes included in this certification have an approved marking of FSC on each pack, carton and case or other packaging at or around the area of the UPC code as required by N.J.S.A. 54:40A-59 .

- Copy of NJ Division of Fire Safety approval dated _____ is attached.
- Manufacturer proposed marking is attached and submitted with this certification.

The marking complies with N.J.S.A. 54:40A-59 (check one):

- The marking is in 8-point type.
- The point type of the marking is _____ .

Part 5: Certification Information Provided to Wholesale Dealers and Agents

As of the date on this certification, the undersigned manufacturer hereby certifies under penalty of perjury that it has provided copies of the certification as required by N.J.S.A. 54:40A-59 to all New Jersey licensed wholesale dealers and agents to which they sell cigarettes, as well as those retailer dealers to which the wholesale dealer or agents sell cigarettes. The undersigned manufacturer further certifies that it has provided sufficient copies of the cigarette package markings to the wholesale dealers and agents with the instruction that the copies be provided to all New Jersey retail dealers to which they sell cigarettes.

Attach a list of wholesale dealers and agents, to which a copy of the certification and markings were provided including the name, address, phone number, contact person, and number of package markings. If the wholesale dealer or agent requests an electronic copy rather than paper copies, please note such.

Part 6: Designated Contact

Name		Title	
Mailing Address			
City	State	Zip Code	Country
Phone	Fax	E-Mail	

Rev. 03/20/2008



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Part 7: Manufacturer Certification

Under penalties of perjury, I state that, to the best of my knowledge, all of the information contained in this Certification and any attached documents are true and accurate and that I am a person authorized to bind the manufacturer making this certification either under the laws of the State of New Jersey or of the jurisdiction where the manufacturer resides or is organized. I understand that the Division of Fire Safety may require additional information and/or documentation to determine whether the manufacturer qualifies for listing on the New Jersey Directory. **This document must be signed and dated by an authorized notary public.**

Authorized Designee (Print Name) _____

Title _____

Signature of Authorized Designee _____

Date _____

Subscribed and sworn to
before me this date: _____

Signature of Notary Public _____

County _____

Commission Expires _____

MAIL TO

Submit an original completed certification and other required documentation to the:

New Jersey Division of Fire Safety
P.O. Box 809
Trenton, New Jersey 08625-0809
Phone (609) 633-6106
Fax (609) 633-6134

And a copy to New Jersey Tobacco Enforcement:

New Jersey Attorney General
Cathy A. Tully
124 Halsey Street, 5th Floor
P.O. Box 45029
Newark, New Jersey 07101
Phone:(973)-648-3070
Fax: (973)-648-4887
cathy.tully@dol.lps.state.nj.us



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General Information

Who must file this Certification?

Any Cigarette manufacturer that sells cigarettes either directly or indirectly in New Jersey through any distributor, retailer or similar intermediary on or after June 1, 2008.

When is this Certification due?

The initial Certification must be filed with the State Division of Fire Safety, with a copy filed with the Attorney General, no later than **June 1, 2008** for cigarette manufacturers currently selling cigarettes in New Jersey. Three year re-certifications must be filed by April 30 of each re-certification year thereafter.

Thereafter, initial certifications must be filed by cigarette manufacturers prior to selling cigarettes either directly or indirectly in New Jersey through any distributor, retailer or similar intermediary.

Where do I send my completed Certification?

Mail this completed Certification (FS-1) and related documents to:

New Jersey State Division of Fire Safety
P.O. Box 809
Trenton, New Jersey 08625-0809

With a copy to:

Office of the New Jersey Attorney General
Cathy A. Tully, DAG
124 Halsey Street, 5th Floor
Newark, New Jersey 07101

Specific Instructions

Part 1: Type of Certification

- The initial certification is due **June 1, 2008**, for manufacturers presently selling cigarettes in New Jersey.
- The first three year re-certification is due April 30, 2011.
- Supplemental certifications must be filed if additional brand styles are to be added or removed.
- Indicate whether you are a participating manufacturer under the Master Settlement Agreement or a non-participating manufacturer.

Part 2: Manufacturer Identification

Provide your company name, address, phone, fax, web address, FEIN, and name and title of person completing the form.

Part 3: Cigarette Description

- Cigarette Description: List the brand family name that the company intends to sell in New Jersey, either directly or indirectly through any distributor, retailer or similar intermediary. This could include brand style information such as, 100's, menthol, etc. Then in the space provided, also list the style, length, circumference, flavor, filter/non-filter and package description for each brand as required by

law N.J.S.A. 54:40A-58.

- Indicate the test method used. If Other is indicated, attach the Chief of Fire Safety's authorization of proposed testing method.
- Attach additional copies of Page 2 of 5 this Application as necessary.
- Identify whether the brand family is currently listed on the Directory or if a certification under the Escrow Enforcement Act (N.J.S.A. 52:4D-3) is pending with the Attorney General.

Part 4: Marking Approval

- A manufacturer shall present its proposed marking to the State Chief of Fire Safety for approval.
- Attach a copy of NJ Division of Fire Safety's approval. If approval not yet received, attach the proposed marking.
- Check whether the marking is 8-point type or, if some other size, indicate the point type.

Part 5: Certification Information Provided to Wholesale Dealers and Agents

- Manufacturers are required to provide a copy of the certification to all wholesale dealers and agents to which they sell cigarettes. See N.J.S.A. 54:40A-59.
- Wholesale dealer means any person who sells cigarettes or tobacco products to retail dealers or other persons for purposes of resale as well as a person who owns, operates or maintains one or more cigarette or tobacco product vending machines.
- Agent means any person licensed by the Department of Revenue to purchase and affix adhesive or meter stamps to packages of cigarettes.
- Provide information about the wholesale dealers and agents to which copies of the cigarette package marking is provided. If a wholesale dealer or agent requests a manufacturer to provide one copy of the marking, electronically or otherwise, and desires to make copies as needed for its customers, please note this.

Part 6: Designated Contact

Provide the name, title, address, phone and fax numbers, and e-mail address for the individual the Division of Fire Safety should contact with respect to matters relating to this certification. The designated contact is the individual who will receive mailings.

Part 7: Manufacturer Certification

The authorized designee executing the certification must be an officer, principal, director or other authorized representative of the manufacturer. The authorized designee's name and title must be legibly printed and **the signature must be notarized.**

Rev. 03/20/2008

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