



WEST VIRGINIA STATE FIRE MARSHAL'S OFFICE
PUBLIC EDUCATION DIVISION
1207 QUARRIER STREET, 2ND FLOOR
CHARLESTON, WV 25301
304-558-2191 EXT. 53223
304-558-2537 - FAX

APPLICATION FOR REDUCED CIGARETTE IGNITION PROPENSITY CERTIFICATION

Initial Supplemental 3 year Re-certification

Application Information

Manufacturer name _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____

Website _____

Federal Tax ID # _____

Contact Information

Contact name _____

Address _____

City _____ State _____ Zip _____ Country _____

Email address _____

Statutory Agent Information

Statutory agent _____

Address _____

City _____ State _____ Zip _____ Country _____

Laboratory Information (Provide proof of accreditation)

Lab name _____

Contact _____ Email address _____

Address _____

City _____ State _____ Zip _____ Country _____

Testing Method

The cigarettes included in this certification have been tested using the following method (check one) and the test results are attached.

ASTM E2187-04

Alternate test method approved by the State Fire Marshal.

(Attach copy of approval letter)

Each manufacturer shall maintain copies of the reports of all tests conducted on all cigarettes offered for sales in this state for a period of three years after a test is concluded, and shall make copies of these reports available to the State Fire Marshal's Office upon receipt of written request.

APPLICATION FOR REDUCED CIGARETTE IGNITION PROPENSITY CERTIFICATION

Provide records verifying that each cigarette included in this certification has been tested and complies with fire safety standards pursuant to WV Revised Code §47-25-1-13 Use additional pages if necessary.

Manufacturer name _____ Federal Tax ID # _____

Laboratory name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Brand Family _____ _____ # of Brand Styles _____ Package UPC _____ _____ Carton UPC _____ _____ Case UPC _____ _____	Brand Family _____ _____ # of Brand Styles _____ Package UPC _____ _____ Carton UPC _____ _____ Case UPC _____ _____	Brand Family _____ _____ # of Brand Styles _____ Package UPC _____ _____ Carton UPC _____ _____ Case UPC _____ _____
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Instructions:

Part 1: Indicate Type of Certification

The effective date for an initial certification approved by the State Fire Marshal's Office is January 1, 2010. The three year re-certification is due by January 1, 2013, and the second 3 year re-certification is due by January 1, 2016.

Part 2: Manufacturer Identification

Provide your company name, address, phone number, fax number, email address, Federal Tax Identification Number (FEIN), name and title of person completing the form.

Part 3: Cigarette Certification

Each cigarette must be listed containing the following description:

- 1) Brand family, e.g. Camel, Marlboro
- 2) Style, e.g. Full Flavor, Ultra Light, Full Flavor Light
- 3) Test date
- 4) Name address, and phone number of the testing laboratory
- 5) Length in millimeters, e.g. 98, 100
- 6) Circumference in millimeters, e.g. 24.8, 24.5
- 7) Flavor, e.g. Menthol, Non Menthol
- 8) Filter or Non-Filter
- 9) Package, e.g. Soft Pack, Hard Pack, Crush Proof Box
- 10) Marketing, e.g. "FSC" or alternative marking approved by Tax & Revenue

Part 4: Certification Oath and Signature

The authorized person executing this certification must be an officer, principal, director, or other representative of the manufacturer. The manufacturer is certifying that the test method and performance standards required under West Virginia law have been met, and that copies of each certification and approved marking have been furnished to each wholesaler.

Mail to: WV State Fire Marshal's Office
Public Education Division
1207 Quarrier Street, 2nd Floor
Charleston, WV 25301

Questions? *Please feel free to contact the State Fire Marshal's Office at 304-558-2191 ext.53223 or through our web site at www.firemarshal.wv.gov.*

Manufacturer Certification

I state that, to the best of my knowledge, all of the information contained in the certification and any attached documents is true and accurate and that I am a person authorized to represent the cigarette manufacturer submitting this application. I verify that the cigarettes included in this certification have been tested in accordance with ASTM standard E2187-04 or an alternative test method approved by the State Fire Marshal and meet the standard specified in WV Revised Code §47-25-1-13. I understand that the State Fire Marshal's Office may request additional information and/or documentation.

Print Name _____ Position _____

Signature _____ Date _____

E-mail address _____ Phone _____