

# State of Illinois Certification of Cigarette Manufacturer under Cigarette Fire Safety Standard Act for 2008

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 com	npleting th	nis form						
Part 3: Brand Family C	ertifica	tion - F	ire Safe	Cigarettes	(Attach Add	lendum pages 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 Cigarette Fire Safety Act, 425 ILCS 8/1 et al, and the Rules promulgated by the State Fire Marshal. The Cigarettes included in this certification have been tested in accordance with ASTM standard E2187-04 and meet the performance standard specified in 425 ILCS 8/20. In accordance with 425 ILCS 8/30(b), attach a document listing the brand (i.e., the trade name on the package); style (e.g., green, silver); 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.								
Brand Family	on th	e Illinois di	rrently liste irectory or (check on	Brand F	Family	Brand family is currently listed on the Illinois directory or pending approval (check one)		
		ently List				<ul><li>Currently Listed</li><li>Pending Approval</li></ul>		
		ently List ding Appr				<ul> <li>Currently Listed</li> <li>Pending Approval</li> </ul>		
		ently List ding Appr				<ul><li>Currently Listed</li><li>Pending Approval</li></ul>		
		ently List				<ul><li>Currently Listed</li><li>Pending Approval</li></ul>		
		ently List ding Appr				<ul><li>Currently Listed</li><li>Pending Approval</li></ul>		
		ently List ding Appr				<ul><li>Currently Listed</li><li>Pending Approval</li></ul>		
		ently List ding Appr				<ul> <li>Currently Listed</li> <li>Pending Approval</li> </ul>		
		ently List ding Appr				<ul><li>Currently Listed</li><li>Pending Approval</li></ul>		



# State of Illinois Certification of Cigarette Manufacturer under Cigarette Fire Safety Standard Act for 2008

Please Review Instructions Prior to Completion

## Part 4: Test Method

The cigarettes included in this certification have been tested using the following method (check one) and the test results are attached. Test results for each brand style listed for certification or re-certification must be the most recent test results dated within 3 years prior to the date of submittal of the FS-1 and the actual test results for each brand style. The manufacturer certifies that the test results submitted are the most recent test results for each brand family prior to the submitted date. The manufacturer also certifies it will retain the testing data for a minimum of 3 years and will provide the data to the State Fire Marshal and/or Attorney General upon request.

ASTM E2187-04

Alternate method approved by the Illinois Fire Marshal. Attach a copy of the Fire Marshal authorization of the proposed testing method.

## Part 5: 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 425 ILCS 8/40(a).

Copy of Fire Marshal approval dated \_\_\_\_\_\_ is attached.

Manufacturer proposed marking is attached and submitted with this certification.

The marking complies with 425 ILCS 8/40 (check one):

The marking is in 8-point type.

□ The point type of the marking is \_

For re-certifications only:

A mockup of approved marking and a copy of the OSFM approval are attached. **Do not send actual packaging.** 

A statement that all packs, cartons, cases or other packaging include the approved marking of FSC is attached.

## Part 6: 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 to all Illinois licensed wholesale dealers and agents, as required by 425 ILCS 8/35, as well as those who may sell to an Illinois licensed wholesale dealer or agent, to which they 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 Illinois retail dealers to which they sell cigarettes.

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



# State of Illinois Certification of Cigarette Manufacturer under Cigarette Fire Safety Standard Act for 2008

Please Review Instructions Prior to Completion

Part 7: Designated Contact							
Name		Title					
Mailing Address							
City	State	Zip Code	Country				
Phone	Fax	E-Mail					

## Part 8: 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 Illinois or of the jurisdiction where the manufacturer resides or is organized. I understand that the Fire Marshal may require additional information and/or documentation to determine whether the manufacturer qualifies for listing on the Illinois 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 the completed certification and other required documentation to the State Fire Marshal:

Office of the Illinois State Fire Marshal Fire Safe Cigarettes 1035 Stevenson Drive Springfield, IL 62703-4259

And a copy to the Tobacco Enforcement Bureau at this address:

Illinois Attorney General Tobacco Enforcement Bureau 500 South Second Street Springfield IL 62701 For Additional Forms and Information:

Phone: (217) 785-4717 Fax: (217) 782-1062 roger.d.branson@illinois.gov

Phone (217) 785-8541 Fax (217) 524-4701

www.lllinoisAttorneyGeneral.gov (Click on Tobacco)



# Instructions for State of Illinois Certification of Cigarette Manufacturer under Cigarette Fire Safety Standard Act for 2008

FS-1 Instructions P. 4 of 4

Please Review Instructions Prior to Completion

#### General Information Who must file this Certification?

Any Participating or Non-Participating Manufacturer whose cigarettes were sold in Illinois during the preceding calendar year or who intend for their brands to be listed as compliant in the Illinois Directory of Compliant NPMs or Directory of Participating Manufacturers. If a brand is not listed in this certification, it will not be listed in the Directory.

It is unlawful to stamp or offer for sale in the State of Illinois any cigarette or RYO brand which is not included in the Illinois Directory of Participating Manufacturers or Directory of Compliant NPMs.

#### When is this Certification due?

The initial Certification was required to be filed with the State Fire Marshal, with a copy filed with the Attorney General, no later than January 11, 2008. Three year re-certifications must be filed by April 30 of each re-certification year thereafter. A manufacturer not listed on the Illinois Directory may file a certification form with the State Fire Marshal, with a copy filed with the Attorney General at any time.

#### Where do I send my completed Certification?

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

Office of the Illinois State Fire Marshal Fire Safe Cigarettes 1035 Stevenson Drive Springfield, IL 62703-4259

With a copy to:

Office of the Illinois Attorney General Tobacco Enforcement Bureau 500 South Second Street Springfield, IL 62701

## **Specific Instructions**

#### Part 1: Type of Certification

- Initial certification was due January 11, 2008
- The fifth three year re-certification is due April 30, 2023.
- Supplemental certifications must be filed if additional brand styles are to be added or removed.

#### 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: Brand Family Certification

- Brand Family: Provide the brand name, which could include many brand styles (menthol, 100's, etc.). **Do not list each style in Part 3.**
- Identify each Brand Family of all cigarettes that the company intends to sell in Illinois, either directly or indirectly through any distributor, retailer or similar intermediary, and seeks to have included in the Directory.
- A Brands Addendum page is included with the certification packet and is available on the Attorney General's website.
- · Check whether the brand family is currently listed on the

Directory or if a certification under the Escrow Enforcement Act (30 ILCS 167 et seq) is pending with the Attorney General.

• Attach a separate document listing the style, length, circumference, flavor, filter/non-filter and package description for each brand.

#### Part 4: Test Method

- Check the box indicating which test method applies to the brands certified.
- If an alternative method is being used, attach a copy of the Fire Marshal's authorization.
- Attach test results. For the initial and supplemental certifications, as well as the 3 year re-certifications, test results for EACH brand style listed must be the most recent test results dated within 3 years prior to the date of submittal of the FS-1 and include the actual results for each brand style.

#### Part 5: Marking Approval

- Prior to the certification of any cigarettes, a manufacturer shall present its proposed marking to the State Fire Marshal for approval.
- Attach a copy of Fire Marshal approval or attach the proposed marking for approval.
- Check whether the marking is 8-point type or some other size.
- For re-certifications, a mockup of approved marking as well as a copy of the OSFM approval and a statement that all packs, cartons, cases or other packaging include the approved marking of FSC. **Please do not send actual packaging.**

# Part 6: 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 425 ILCS 8/35.
- 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 such.

#### Part 7: Designated Contact

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

#### Part 8: 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**.