



## Alabama Department of Insurance

### State Fire Marshal's Office

201 Monroe Street, Suite 1790, Montgomery, AL 36104

P.O. Box 303352, Montgomery, AL 36130-3352

(334) 241-4166 (334) 241-4158 fax

[www.aldoi.gov](http://www.aldoi.gov)

### CERTIFICATION BY MANUFACTURER FOR FIRE STANDARD COMPLAINT CIGARETTE

This certification must be accompanied by all fees, documents, and information required by the Code of Alabama, Title 8, Chapter 17, Section 270, the Alabama Reduced Cigarette Ignition Propensity Standards and Firefighter Protection Act. Please complete the entire form. Please print or type. All fees are non-refundable except for overpayments resulting from mistakes of law or fact.

CERTIFICATION				
CHECK ONE	TYPE OF CERTIFICATION	CERTIFICATION FEE	QUANTITY OF BRAND FAMILIES	TOTAL AMOUNT INCLUDED
<input type="checkbox"/>	Initial Certification	\$1,000 per brand family		\$
<input type="checkbox"/>	3 year renewal	\$1,000 per brand family		\$
MANUFACTURER				
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			WEB ADDRESS (optional)	
CHECK LIST (All of the following items must accompany this document for the application to be complete):				
<input type="checkbox"/>	Appropriate Fee	<input type="checkbox"/>	Attach List of Cigarette Brand Families Certified in Excel Format	
<input type="checkbox"/>	FSCC Testing Form	<input type="checkbox"/>	Example of package/carton marking	
<input type="checkbox"/>	List of Cigarette Brand Family Certification emailed in Excel Format to: <a href="mailto:alesha.womble@insurance.alabama.gov">alesha.womble@insurance.alabama.gov</a>			
SIGNATURE				
I certify that the cigarette brand families listed on this form and attached to this certification have been tested in accordance with and meet the performance standard in the Code of Alabama and the Alabama Reduced Cigarette Propensity Standards and Firefighters Protection Act. 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>Make all checks payable to: Reduced Cigarette Ignition Fund</b>				

Cigarettes must be tested according to the Code of Alabama, Title 8, Chapter 17, Section 270, the Reduced Cigarette Ignition Propensity Standards and Firefighter Protection Act. A separate Alabama Fire Standard Compliant Cigarette Certification Form must be completed if a cigarette manufacturer employs more than one testing entity to conduct FSCC testing. Please use the Excel Spreadsheet for the List of Cigarette Brand Family Certification Form 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		WEB ADDRESS (optional)	
<b>TEST METHOD (Check one)</b>			
<input type="checkbox"/> ASTM E2187-04		<input type="checkbox"/> Alternate method approved by the Alabama State Fire Marshal. Attach copy of the Alabama State Fire Marshal's authorization of the proposed testing method.	
<b>TESTING AND QUALITY ASSURANCE PROGRAM</b> (The answers provided below apply to all brand families listed on the List of Cigarette Brand Family Certification Form.)			
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"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
<b>SIGNATURE</b>			
By my signature, I verify that the information on this form and its attachments are true. Knowingly submitting a false certification may result in criminal prosecution and imposition of a civil penalty between \$75,000 and \$250,000 as authorized by Alabama Code § 8-17-275(c).			
SIGNATURE OF QUALITY ASSURANCE DIRECTOR			DATE
QUALITY ASSURANCE DIRECTOR (please print name)			