



LOUISIANA DEPARTMENT OF PUBLIC SAFETY
PUBLIC SAFETY SERVICES

OFFICE OF STATE FIRE MARSHAL

APPLICATION FOR CERTIFICATION / RECERTIFICATION OF FIRE-SAFE COMPLIANT CIGARETTES

DATE OF APPLICATION:

TYPE OF CERTIFICATION: NEW COMPANY RECERTIFICATION REVISION / SUPPLEMENTAL

MANUFACTURER INFORMATION

COMPANY NAME:		COMPANY DBA (IF ANY):			
FIRM ADDRESS:		CITY:	STATE:	ZIP:	COUNTRY:
CONTACT NAME:	TELEPHONE:	FAX:	EMAIL ADDRESS:	WEB ADDRESS (IF ANY):	

NOTIFICATION CONSENT

Do you consent to the use of electronic transmissions or email to serve as official notice or communication with the Louisiana Office of State Fire Marshal? YES NO

DOCUMENTATION REQUIRED

Pursuant to Louisiana Revised Statute 40:1626 et seq., the following documentation and fee MUST accompany this application:

- Testing certificate for each brand of cigarette; and
- Accreditation certificate of the testing laboratory pursuant to standard ISO/IEC 17025 of the International Organization for Standardization (ISO), or other comparable accreditation standard required by the state fire marshal; and
- Color photographs of brand packaging containing the FSC markings; and
- A business check, money order or cashier's check in the amount \$250.00 (NOTE: personal checks are not accepted. This fee does NOT apply to recertifications or revisions).

BRAND INFORMATION

In the spaces provided below, fill in all information that is requested. Please note information that is omitted may delay the certification of the brand.

BRAND NAME: (NAME ON PACKAGE)	BRAND STYLE: (LIGHT, ULTRA LIGHT, ETC.)	LENGTH: (MM)	CIRCUM: (CIRCUMFERENCE) (MM)	BRAND FLAVOR: (MENTOL, NON, ETC.)	FILTER / NON-FILTER: (FILTER / NON-FILTER)		PACKAGE: (BOX TYPE)
					<input type="checkbox"/> FILTER	<input type="checkbox"/> NON	
					<input type="checkbox"/> FILTER	<input type="checkbox"/> NON	
					<input type="checkbox"/> FILTER	<input type="checkbox"/> NON	
					<input type="checkbox"/> FILTER	<input type="checkbox"/> NON	

