



STATE OF ARIZONA
Office of the State Fire Marshal
 1110 W Washington St, Suite 100
 Phoenix, Arizona 85007
 (602) 364-1003 FAX (602)364-1052
 FSC.OFM@DFBLS.AZ.GOV



**APPLICATION FOR FIRE STANDARD COMPLIANT CIGARETTE APPROVAL BY
 MANUFACTURER**

This application must be accompanied by all fees, documents and information required by Arizona Revised Statutes §§ 41-2170 through 41-2170.08 and all rules promulgated thereunder. Please complete this form in its entirety. All fees are non-refundable except as determined by the Arizona State Fire Marshal.

APPROVAL				
CHECK ONE	TYPE OF APPROVAL	APPROVAL FEE	QUANTITY OF BRAND FAMILIES	TOTAL INCLUDED
<input type="checkbox"/>	INITIAL APPROVAL	\$250 per each brand family		\$
<input type="checkbox"/>	3 YEAR RENEWAL*	\$250 per each brand family		\$
MANUFACTURER				
COMPANY NAME		CONTACT PERSON		FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)
ADDRESS			CITY	STATE ZIP CODE
PHONE NUMBER		FAX NUMBER		
E-MAIL ADDRESS (optional)		WEB ADDRESS (optional)		
In applying for fire standard compliant cigarette approval, I certify that the cigarette varieties listed on FSC Certification Forms FSC-2 and FSC-2A that are submitted together or separately in conjunction with this application comply with Arizona Revised Statutes §§ 41-2170 through 41-2170.08 and all rules promulgated thereunder. By my signature, I verify that the information on the application and all related forms and/or attachments is true. I understand that knowingly providing a false certification of fire standard compliant cigarettes is a violation of Arizona law and may be subject to civil and criminal penalties				
ORIGINAL SIGNATURE OF AUTHORIZED REPRESENTATIVE OF MANUFACTURER			DATE	
PRINTED NAME			TITLE	
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"/> FIRE STANDARDS COMPLIANT CIGARETTE CERTIFICATION FORM	<input type="checkbox"/> MARKING APPROVAL FORM AND ILLUSTRATION OF PROPOSED MARKING		
PAGES _____ TO _____				
PLEASE SUBMIT FORMS THROUGH E-MAIL TO : FSC.OFM@DFBLS.AZ.GOV OR Mail them to: ARIZONA STATE FIRE MARSHAL FSC PROGRAM 1110 W.WASHINGTON - SUITE 100 PHOENIX, AZ 85007				

* Required every three years from date of laboratory test