**MARYLAND FORM** 607

By: \_

COM/RAD-607

06/21

## **FIRE SAFETY PERFORMANCE** STANDARD FOR CIGARETTES **MANUFACTURER'S CERTIFICATION**



Part I: Type of Certifica	tion (Check C	ne)								
Initial S	Supplemental	Th	ree Year Recertification							
Part II: Manufacturer I	dentification						Li Ni			
Company Name							License Nurr	License Number		
Email							FEIN	FEIN		
Street Address							Business Phone			
City					State			Zip code		
Name of Person Completing this Form					e					
<b>Part III: Cigarette Bran</b> Pursuant to Business Regu						be e	each cigarette a	as f	ollows:	
BRAND					STYLE					
TEST DATE (S)										
LENGTH (mm)			FLAVOR		Menthol		Non-Menthol			
CIRCUMFERENCE (mm)		Check the appropriate	FILTER OR NONFILTER	₹	Filter		Non-Filter			
MARKING		box	PACKAGE		Hard Pack		Soft Pack		Crush Proof Box	
BRAND				'	STYLE					
TEST DATE (S)					I					
LENGTH (mm)			FLAVOR		Menthol		Non-Menthol			
CIRCUMFERENCE (mm)		Check the appropriate box	FILTER OR NONFILTER	₹	Filter		Non-Filter			
MARKING		JUN .	PACKAGE		Hard Pack		Soft Pack		Crush Proof Box	
BRAND					STYLE					
TEST DATE (S)										
LENGTH (mm)		a	FLAVOR		Menthol		Non-Menthol			
CIRCUMFERENCE (mm)		Check the appropriate box	FILTER OR NONFILTER	≀	Filter		Non-Filter			
MARKING			PACKAGE		Hard Pack		Soft Pack		Crush Proof Box	
compliance with the F by the Alcohol and To	nufacturer certif siness Regulatio Fire Safety Ciga bacco Commiss Standard Test	ies, under on Article rette Perfo sion. It is fo Method fo	("BR"), § 16-601(d) o rmance Standard of Cig urther certified that ead r Measuring the Igniti	f the garett ch cig	Annotated C es, and any r arette brand l	ode ules has	of Maryland ( and regulation been tested in	"Co is p aco	ode"), and is in fu promulgated therectordance with ASTI	
B. The undersigned man each wholesaler to wh Tobacco Commission	nom it sells ciga	rettes, inc	luding copies of an illus							
Witness the due execute as the manufacturer in	ution hereof on making this cer	this tification u	_ day of nder the laws of the St	, 20 ate o	), I set fo f Maryland:	rth	my hand and s	eal	to be legally boun	

\_ Title: \_

FORM 607

# FIRE SAFETY PERFORMANCE STANDARD FOR CIGARETTES MANUFACTURER'S CERTIFICATION INSTRUCTIONS

## **PART I. Indicate Type of Certification**

An initial certification is effective on the date of approval by the Executive Director. The three year recertification is due by June 30th of the third year from the initial certification, and the second three year recertification is due by June 30th three years later.

Supplemental certifications should be filed if cigarettes are added or removed as fire-safe. Supplemental certifications will become effective on the date of approval and expire on June 30th of the current year. Supplemental certifications require re-certification in the third year from the date of approval.

#### **PART II. Manufacturer Identification**

Provide your company name, address, phone number, fax number, email address, federal tax identification number, name and title of person completing the form.

### **PART III. Cigarette Brand 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. Length in millimeters, e.g. 98, 100;
- 5. Circumference in millimeters, e.g. 24.8, 24.5;
- 6. Flavor, e.g., Menthol, Non-Menthol;
- 7. Filter or Non-Filter;
- Package, e.g., Soft Pack, Hard Pack, Crush Proof Box; and
- Marking, e.g., "FSC" or alternative marking approved by Comptroller;

(Use Form COM/FED-607-1 for additional brand filings)

## **PART IV. 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 Maryland law have been met, and that copies of each certification and approved marking have been furnished to each wholesaler.

Mail to: Alcohol and Tobacco Commission Field Enforcement Division P.O. Box 2397 Annapolis, Maryland 21401-2999

Questions? Feel free to contact the **Field Enforcement Division at 410-260-7388.**