



**Department of Forestry and Fire Management**  
**Office of the State Fire Marshal**  
**1110 W. Washington Ste. 100**  
**Phoenix, AZ 85007**  
**Main Line (602) 771-1400/Fax (602) 771-1421**

**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 §37-1401 – 37-1409 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 ID NUMBER (EIN): \_\_\_\_\_

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ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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PHONE: \_\_\_\_\_ FAX NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

In applying for Fire Standard Cigarettes 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 – 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 the Fire Standard Compliant Cigarettes is a violation of Arizona law and may be subject to civil and criminal penalties.

X \_\_\_\_\_  
**SIGNATURE OF AUTHORIZED MANUFACTURER REPRESENTATIVE** **DATE**

X \_\_\_\_\_  
**PRINTED NAME** **TITLE**

**CHECK LIST** (All the following items must accompany the document for the application to be complete):

|  |   |  |
|--|---|--|
| <input type="checkbox"/> APPROPRIATE FEE | <input type="checkbox"/> FIRE STANDARDS COMPLIANT CIGARETTE<br>CERTIFICATION FORM<br><br>PAGES ____ TO ____ | <input type="checkbox"/> MARKING APPROVAL FORM AND ILLUSTRATION OF<br>PROPOSED MARKING |
|--|---|--|

PLEASE SUBMIT FORMS THROUGH EMAIL TO [JBRANT@DFFM.AZ.GOV](mailto:JBRANT@DFFM.AZ.GOV)

**OR MAIL THEM TO:**

ARIZONA DEPARTMENT OF FORESTRY AND FIRE MANAGEMENT  
OFFICE OF THE STATE FIRE MARSHAL  
1110 W. WASHINGTON ST. STE 100  
PHOENIX, AZ 85007