



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

FIRE STANDARD COMPLIANT (FSC) CIGARETTE CERTIFICATION FORM

Cigarettes must be tested according to Arizona Revised Statute 37-1401 – 37-1409 and all rules promulgated thereunder. A separate Fire Standards Compliant Cigarette Form (FSC-2) must be completed if a cigarette manufacturer employs more than one testing entity to conduct FSC cigarette testing, or if certifications for any brand styles are sought at different times. Please print additional pages if necessary.

MANUFACTURER

NAME:

CONTACT PERSON:

PHONE NO.:

TESTING

TESTING ENTITY

LABORATORY/TESTING ENTITY NAME:

CONTACT PERSON:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX NO.:

EMAIL ADDRESS:

WEBSITE:

TEST METHOD

ASTM E2187-04

Alternate method approved by the Arizona State Office of the Fire Marshal. **Attach a copy of the Arizona State Fire Marshal's Office authorization of the proposed testing method.**

FIRE STANDARD COMPLIANT CERTIFICATION FORM CONT.

TESTING AND QUALITY ASSURANCE PROGRAM

ISO/IEC 7025 ACCREDITED REPEATABILITY ABOVE 0.19 TESTED ON 10-LAYER OF FILTER PAPER PERFORMANCE STANDARDS MET
Y/N _____ Y/N _____ Y/N _____ Y/N _____

By my signature, I verify that the information on this form, the attachments, and all related forms 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.

X _____

APPLICANT SIGNATURE

DATE

By my signature, I verify that the information on this form, the attachments, and all related forms 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.

X _____

SIGNATURE OF QUALITY ASSURANCE DIRECTOR

DATE

X _____

QUALITY ASSURANCE DIRECTOR NAME (please print)