



FIRE STANDARDS COMPLIANCE CERTIFICATION FORM

KANSAS STATE FIRE MARSHAL

REVISED MARCH 3, 2015

TYPE OF CERTIFICATION

This certification is: Initial Supplemental 3-Year Renewal

MANUFACTURER INFORMATION

Manufacturer: _____

Mailing Address: _____

Street Address: _____

The street address is the physical location of the manufacturing plant.

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Website: _____

Federal Taxpayer
ID Number: _____

Only applies if manufacturer is registered in the United States.

DESIGNATED CONTACT

Identify the person that you wish to receive all correspondence and official notifications. *Failure to designate an official contact person will result in an incomplete certification.*

Contact Name: _____

Organization: _____

Relationship to
Manufacturer: _____

E.g., Attorney, Importer, Tax Compliance Manager, etc.

Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

AGENT FOR SERVICE OF PROCESS

Agent: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Important Notice: Pursuant to K.S.A. 31-601 *et seq.*, manufacturer must identify an agent for service of process by filing a Tobacco Product Manufacturer Appointment of Agent for Service of Process Form, along with a \$35.00 fee, **to the Kansas Secretary of State's Office**. The form is available at www.ksag.org/tobacco.

CIGARETTE CERTIFICATION

Complete the chart below identifying each cigarette brand variety that manufacturer wishes to certify as Fire Standards Compliant in Kansas. Attach additional sheet(s) as needed. Manufacturer may submit the following in an alternate format provided it includes all the requested information below.

Important Note: Manufacturer must pay a certification fee of \$250.00 for each cigarette brand variety included in this certification.

| Brand Family | Style | Length (mm) | Circumference (mm) | Identifying Name of Cigarette Brand Variety According to Manufacturer | Menthol | Filter or Non-Filter | Hard Pack or Soft Pack | Testing Date | New | Renew | Remove |
|--------------|-------|-------------|--------------------|---|---------|----------------------|------------------------|--------------|-----|-------|--------|
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BRAND VARIETIES OVERVIEW

Provide the **total number** of brand varieties you are certifying today: _____

Provide the total number of **new** brand varieties (if any): _____

Provide the total number of brand varieties you wish to **remove** (if any): _____

TESTING METHOD

Each cigarette brand variety included in this certification must be tested in accordance with K.S.A. 31-603. *Pursuant to K.S.A. 31-603(e) our office is requesting that you attach to this certification a copy of the official test results.*

TESTING METHOD (Check appropriate box below.):

- American Society of Testing and Materials (“ASTM”) Standard E2187-04.
- Alternate method approved by the Kansas State Fire Marshal.

SUPPLEMENTAL DOCUMENTATION

Provide the following documents with this certification form:

- Certification Fee**
Provide payment of \$250.00 for each cigarette brand variety included in this certification. Checks must be made payable to the Kansas State Fire Marshal. Arrangements may also be made for the electronic transfer of funds.
- Identification of Agent for Service of Process to Kansas Secretary of State**
Provide a **copy** of an executed Tobacco Product Manufacturer Appointment of Agent for Service of Process Form that was filed with the **Kansas Secretary of State’s Office**.
- Packaging Samples**
Provide an illustration (or packaging sample) that identifies the location of the required “FSC” mark on manufacturer’s cigarette packaging. Digital samples are preferred.
- Testing Records**
Provide records verifying that each cigarette brand variety included in this certification has been tested and complies with fire safety standards pursuant to K.S.A. 31-601 *et seq.*

VERIFICATION OF CERTIFICATION

I attest that, to the best of my knowledge, all of the information contained in this certification and any attachments is true, correct, and complete. I am authorized, under the laws of the state of Kansas or the jurisdiction where the manufacturer resides or is organized, to bind the manufacturer making this certification.

I attest that each cigarette brand variety included in this certification has been tested in accordance with K.S.A. 31-603, and amendments thereto; and each cigarette listed in the certification meets the performance standard set forth in K.S.A. 31-603, and amendments thereto.

I attest that each cigarette brand variety included in this certification has "FSC" permanently marked in eight-point type or larger on each pack, carton, and case, or other packaging around the area of the UPC code in accordance with K.S.A. 31-605.

I attest that, pursuant to K.S.A. 31-604(e)(i), manufacturer has appointed an agent for service of process in Kansas and has identified the agent to the Kansas Secretary of State.

I attest that, pursuant to K.S.A. 31-605, manufacturer has provided a copy of this certification to each licensed Kansas wholesale dealer to which manufacturer sells the cigarette brand varieties included in this certification.

I attest that, pursuant to K.S.A. 31-604(e)(i), manufacturer consents to the jurisdiction of the Kansas Courts for the purposes of enforcing K.S.A. 31-601 *et seq.*

Executed this _____ day of _____, 20_____.

SUBMISSION OF FIRE STANDARDS COMPLIANCE CERTIFICATION FORM

Mail this completed form and all attachments to:

Kansas State Fire Marshal
800 SW Jackson St., Ste. 104
Topeka, KS 66612-1216

Signature of Authorized Officer or Agent

Name (*Please Print*)

Title (*Please Print*)