



**STATE OF COLORADO CERTIFICATION OF CIGARETTE
MANUFACTURER UNDER REDUCED CIGARETTE IGNITION
PROPENSITY STANDARDS & FIREFIGHTER PROTECTION ACT**
Please Review Instructions Prior to Completion

Part 1: Type of Certification

Type of Certification: (Check One)

☐ Initial

☐ Supplemental

☐ Three Year Re-certification

Part 2: Manufacturer Identification

Company Name:

FEIN:

Mailing Address:

City:

State:

Zip Code:

Country:

Phone:

Fax:

Web Address:

Name of Person Completing Form:

Title of Person Completing Form:

E-Mail Address:

Part 3: Designated Contact

Name:

Title:

Mailing Address:

City:

State:

Zip Code:

Country:

Phone:

Fax:

E-Mail Address:

Part 4: Fee Calculation

1. The number of cigarette brand families listed on this certification	
2. Processing and enforcement fee of \$1000.00 for each brand family listed	\$ 1,000.00
3. Amount due Colorado Division of Fire Safety (Line 1 times Line 2)	
Amount Remitted With This Application	
<i>No brand families will be Certified for sale in the State of Colorado or be included in the Colorado Division of Fire Prevention & Control's Authorized List until the fee is paid in full.</i>	

The Colorado Division of Fire Prevention & Control will not process incomplete or illegible applications.



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Please use Brand Family addendum if necessary.

Part 5: Brand Family Certification – Fire Safe Cigarettes (Attach Addendum pages as necessary)									
Brand Family	Style	Length (mm)	Circum- ference (mm)	Flavor	Filter	Non- Filter	Package	Laboratory Location	Test Date

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Part 6: Test Method

The cigarettes included in this certification have been tested using the following method (check one) and the test result is attached. The manufacturer certifies it will retain the testing data for a minimum of 3 years and will provide the data to the Colorado Division of Fire Prevention & Control and / or Attorney General upon request.

ASTM E2187 – 04

Alternate method approved by the Colorado Division of Fire Prevention & Control. Attach a copy of the authorization of the proposed testing method

Laboratory Information:

(Please use laboratory information addendum if more than one laboratory used.)

Lab A	Name		
Address		Phone Number	
City	State	Zip Code	E-mail address:

Part 7: Marking Approval

All cigarettes included in this certification have an approved marking of FSC on each pack, carton, and case or other packaging at or around the area of the UPC code as required by Section 24-33.5-1214 (4), C.R.S. (check one)

Copy of Colorado Division of Fire Prevention & Control approval dated _____ is attached.

Manufacturer proposed marking is attached and submitted with this certification

Subject to pre-approved markings as per rules Section 5.7

The marking complies with Section 24-33.5-1214, C.R.S. (check one)

The marking is in 8-point type
The point type of the marking is _____

Part 8: Certification Information Provided to Wholesale Dealers and Agents

As of the date on this certification, the undersigned manufacturer hereby certifies under penalty or perjury that it has provided copies of the certification to all Colorado licensed wholesale dealers and agents, as required by 24-33.5-1214 C.R.S., as well as those who may sell to a Colorado licensed wholesale dealer or agent, to which they sell cigarettes. The undersigned manufacturer further certifies that it has provided sufficient copies of the cigarette package markings to the wholesale dealers and agents with the instruction that the copies be provided to all Colorado retail dealers to which they sell cigarettes.

Attach a list of wholesale dealers and agents including the name, address, phone number, contact person, and number of package markings to which a copy of the certification and markings were provided. If the wholesale dealer or agent requests an electronic copy rather than paper copies, please note such.

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Part 9: Manufacturer Certification

Under penalties of perjury, I state that, to the best of my knowledge, all of the information contained in this certification and any attached documents are true and accurate and that I am a person authorized to bind the manufacturer making this certification either under the laws of the State of Colorado or of the jurisdiction where the manufacturer resides or is organized. I understand that the Colorado Division of Fire Prevention & Control may require additional information and / or documentation to determine whether the manufacturer qualifies for listing on the Colorado Fire Safe Cigarette Directory. **This document must be signed and dated by an authorized notary public.**

Authorized Designee (Print Name)

Title

Signature of Authorized Designee

Date

Subscribed and sworn to
before me this date: _____

Signature of Notary Public

County

Commission Expires

Mail To:

Submit the completed certification and other required documentation to the
Colorado Division of Fire Prevention & Control:

Colorado Division of Fire Prevention & Control
690 Kipling Street, Ste. 2000
Denver, CO 80215

Please note we will accept alternative listings of brand family details created in an Excel spreadsheet. If you choose to do so, it must contain the same information as in Part 5 of this spreadsheet. Please e-mail to the address below, and also print and sign each page of the document along with the application.

For additional forms and information:

Phone: (303) 239-4600

Fax: (720) 239-5887

www.dfs.state.co.us

kristine.vancleve@state.co.us

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