



## FIRE SAFE CIGARETTE CERTIFICATION APPLICATION

Complete this form to apply for fire safe cigarette certification, recertification, or a filing correction in the State of Iowa. Iowa Code Section 101B and the Iowa Administrative Rules 661 Chapter 61 govern this license program. Questions may be directed to the contact information below. Return application with all supporting documentation and required attachments to the address below.

Direct questions to:  
Department of Inspections, Appeals, and Licensing (DIAL)  
Attn: Fire Safe Cigarette Certification Program  
6200 Park Ave, Ste 100 | Des Moines, IA 50321  
DIAL Licenses, Permits, & Registrations Website Information

### SECTION 1: APPLICATION TYPE

- New Certification
- 3-Year Recertification
- Corrective Certification Filing

### SECTION 2: MANUFACTURER INFORMATION (please type or print clearly)

Manufacturer Name \_\_\_\_\_

Manufacturer Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal/Mailing Code \_\_\_\_\_ Country \_\_\_\_\_

Manufacturer Phone Number \_\_\_\_\_

Manufacturer Email \_\_\_\_\_

### SECTION 3: MANUFACTURER REPRESENTATIVE INFORMATION

Manufacturer Representative Name \_\_\_\_\_

Representative Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal/Mailing Code \_\_\_\_\_ Country \_\_\_\_\_

Representative Phone Number \_\_\_\_\_

Representative Email \_\_\_\_\_

**SECTION 4: BRAND STYLE LISTING** (attach additional sheets if necessary)

Unique Brand Style List in Excel template must accompany this application.

**SECTION 5: PACKAGE MARKING INFORMATION** (select one and provide applicable attachments)

Attach at least one example of each brand style package markings (packs, cartons, cases, etc.).

EXCEPTION: A marking in use and approved for the sale of cigarettes in the state of New York is deemed approved.

Attach a copy of New York package marking approval in place of examples.

**SECTION 6: SIGNATURE ACKNOWLEDGEMENT BY AUTHORIZED MANUFACTURER REPRESENTATIVE**

This application is submitted in compliance with the provisions of Iowa Code Chapter 101B and Iowa Administrative Code 661—Chapter 61 Fire Safe Cigarette Certification Program. This form must be signed by a representative of the manufacturer authorized to certify information on behalf of the manufacturer named above. By signing this form, I attest that, to the best of my knowledge, the cigarettes listed meet the performance standard specified in Iowa Code Chapter 101B and Iowa Administrative Code 661—Chapter 61, and all information contained herein is true and accurate.

Print Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_