



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)

Included at least one example of each brand style package markings (packs, cartons, cases, etc.). Attachments may be digital on USB or printed images.

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 _____