

**DELAWARE FIRE SAFETY PERFORMANCE STANDARD FOR CIGARETTES  
MANUFACTURER'S CERTIFICATION FORM**

Part I: Type of Certification (Check One)

Initial  Supplemental  3 year Re-certification

Part II: Manufacturer Identification

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Business Phone Number: \_\_\_\_\_

Business Fax Number: \_\_\_\_\_

Name of Person Completing this form: \_\_\_\_\_

Title of Person Completing this form: \_\_\_\_\_

Part III: Cigarette Certification

Pursuant to Title 16, Delaware Code, Chapter 71A, please describe each cigarette as follows:

<b>BRAND</b>							
<b>STYLE</b>							
<b>TEST DATE</b>	Name and Phone # of Test Lab						
Address of Testing Lab							
<b>LENGTH (mm)</b>	Check the appropriate box	<b>Flavored</b>	Menthol	Non-Menthol			
<b>CIRCUMFERENCE (mm)</b>		<b>Filter/Non-Filter</b>	Filter	Non-Filter			
<b>MARKING</b>		<b>Package</b>	Hard pack	Soft pack			

<b>BRAND</b>							
<b>STYLE</b>							
<b>TEST DATE</b>	Name and Phone # of Testing Lab						
Address of Testing Lab							
<b>LENGTH (mm)</b>	Check the appropriate box	<b>Flavored</b>	Menthol	Non-Menthol			
<b>CIRCUMFERENCE (mm)</b>		<b>Filter/Non-Filter</b>	Filter	Non-Filter			
<b>MARKING</b>		<b>Package</b>	Hard pack	Soft pack			

<b>BRAND</b>							
<b>STYLE</b>							
<b>TEST DATE</b>	Name and Phone # of Testing Lab						
Address of Testing Lab							
<b>LENGTH (mm)</b>	Check the appropriate box	<b>Flavored</b>	Menthol	Non-Menthol			
<b>CIRCUMFERENCE (mm)</b>		<b>Filter/Non-Filter</b>	Filter	Non-Filter			
<b>MARKING</b>		<b>Package</b>	Hard pack	Soft pack			

Part IV: Certification Oath and Signature

A. The undersigned manufacturer certifies, under penalty of perjury, as of this date of this certification, it is a cigarette manufacturer and is in full compliance with the Fire Safety Cigarette Performance Standard of Cigarettes, and any rules and regulations promulgated thereof by Delaware's State Fire Prevention Commission. It is further certified that each cigarette brand style has been tested in accordance with ASTM Standard E2187-04 "Standard Test Method for Measuring the Ignition Strength of Cigarettes," and has met the performance standard set forth in Title 16, Delaware Code, Chapter 71A.

B. The undersigned manufacturer further certifies, under penalty of perjury, that it will timely provide a copy of each certification to each wholesaler to whom it sells cigarettes, including copies of an illustration of the package marking approved by the State Fire Marshal of Delaware in accordance with Title 16, Delaware Code, Chapter 71A.

Witness the due execution hereof on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_; I set forth my hand and seal to be legally bound as the manufacturer making this certification under the laws of the State of Delaware:

By: \_\_\_\_\_

Title: \_\_\_\_\_

## INSTRUCTIONS:

### Part I: Indicate Type of Certification

The effective date for an initial certification approved by the State Fire Marshal is January 1, 2009. The three year re-certification is due by January 1, 2012, and the second 3 year re-certification is due by January 1, 2015.

Supplemental certifications should be filed if cigarettes are added or removed as fire-safe. Supplemental certifications will become effective on the date of approval by the Comptroller, and expire on December 31, 2011. If a supplemental certification is received after June 30, 2011, but before December 31, 2011, the three year re-certification is due by January 1, 2015.

### Part II: Manufacturer Identification

Provide your company name, address, phone number, fax number, email address, federal tax identification number, name and title of person completing the form.

### Part III: Cigarette Certification

Each cigarette must be listed containing the following description:

1. Brand family, *e.g. Camel, Marlboro*;
2. Style, *e.g. Full Flavor, Ultra Light, Full Flavor Light*;
3. Test date
4. Name address, and phone number of the testing laboratory
5. Length in millimeters, *e.g. 98, 100*;
6. Circumference in millimeters, *e.g. 24.8, 24.5*;
7. Flavor, *e.g. Menthol, Non Menthol*;
8. Filter or Non-Filter;
9. Package, *e.g. Soft Pack, Hard Pack, Crush Proof Box*; and
10. Marking, *e.g. "FSC" or alternative marking approved by State Fire Marshal*

### Part IV: Certification Oath and Signature

The authorized person executing this certification must be an officer, principal, director, or other representative of the manufacturer. The manufacturer is certifying that the test method and performance standards required under Delaware law have been met, and that copies of each certification and approved marking have been furnished to each wholesaler.

**Mail to:**           **Office of the State Fire Marshal**  
                          **Reduced Ignition Propensity Cigarettes Program**  
                          **1537 Chestnut Grove Road**  
                          **Dover, DE 19904-1544**

**Questions?** Please feel free to contact the Office of the State Fire Marshal at 302-739-5665 or through the web site at [www.statefiremarshal.delaware.gov](http://www.statefiremarshal.delaware.gov)