

**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:

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

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

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