



**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)	
<b>Amount Remitted With This Application</b>	
<i>No brand families will be Certified for sale in the State of Colorado or be included in the Colorado Division of Fire Safety's Authorized List until the fee is paid in full.</i>	

The Colorado Division of Fire Safety will not process incomplete or illegible applications.





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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 Safety and / or Attorney General upon request.

ASTM E2187 – 04

Alternate method approved by the Colorado Division of Fire Safety. 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 Safety 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 Safety 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 Safety:

Colorado Division of Fire Safety  
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](http://www.dfs.state.co.us)

[kristine.vancleve@cdps.state.co.us](mailto:kristine.vancleve@cdps.state.co.us)

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