



**STATE OF WYOMING CERTIFICATION 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)		
<input type="checkbox"/> Initial	<input type="checkbox"/> Supplemental	<input type="checkbox"/> 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 cigarettes in the brand families listed on this certification	
2. Processing and enforcement fee of \$250.00 for each cigarette listed	\$250.00
3. Amount due Wyoming Department of Revenue (Line 1 times Line 2)	
Amount Remitted With This Application	
<i>No brand families will be Certified for sale in the State of Wyoming or be included in the Wyoming Department of Revenue's Authorized List until the fee is paid in full.</i>	

The Wyoming Department of Revenue 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 Wyoming Department of Revenue Excise Tax and / or Attorney General upon request.			
<input type="checkbox"/> ASTM E2187 – 04			
<input type="checkbox"/> Alternate method approved by the Wyoming Department of Revenue Excise Tax Division. 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 Wyoming Statute 35-9-805. (check one)	
<input type="checkbox"/>	Copy of Wyoming Department of Revenue Excise Tax Division approval dated _____ is attached.
<input type="checkbox"/>	Manufacturer proposed marking is attached and submitted with this certification
The marking complies with Wyoming Statute 35-9-805. (check one)	
<input type="checkbox"/>	The marking is in 8-point type
<input type="checkbox"/>	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 Wyoming licensed wholesale dealers and agents, as required by Wyoming Statute 35-9-805(c), as well as those who may sell to a Wyoming 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 Wyoming 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 Wyoming or of the jurisdiction where the manufacturer resides or is organized. I understand that the Wyoming Department of Revenue Excise Tax Division may require additional information and / or documentation to determine whether the manufacturer qualifies for listing on the Wyoming 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

State of _____

County of _____

Signed or attested before me on: _____ by _____

Signature of Notarial Officer _____ (Seal, if any)

Title (and Rank) _____

My Commission Expires: _____

Mail To:

Submit the completed certification and other required documentation to the Wyoming Department of Revenue Excise Tax Division:

Wyoming Department of Revenue Excise Tax Division
122 W 25th St 2nd Fl
Cheyenne WY 82002-0110

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.

For additional forms and information:

Phone: (307) 777-7255
Fax: (307) 777-6975
<http://revenue.wyo.gov/>

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