



**Nevada State Fire Marshal Division**  
**Fire Standard Compliance Office**  
 107 Jacobsen Way, Carson City, Nevada 89711  
 775-684-7526 • Fax 775-684-7518  
 Website: [www.fire.nv.gov](http://www.fire.nv.gov)



## APPLICATION FOR FIRE STANDARD COMPLIANT CIGARETTE (FSC) CERTIFICATION BY MANUFACTURER

This application must be sent to the **Nevada State Fire Marshal Division** accompanied by all fees, documents and information required by Nevada Revised Statutes (NRS) 477.172 through 477.214. You **MUST** complete the entire form or it will be sent back to the sender for correction. All fees paid are non-refundable, **NO EXCEPTIONS!** Ensure you are paying the correct amount. An electronic version of this form can be obtained at: <http://fire.nv.gov/>

CERTIFICATION				
CHECK ONE	TYPE OF CERTIFICATION	APPROVAL FEE	QUANTITY OF FAMILY BRANDS	TOTAL AMOUNT PAID
<input type="checkbox"/>	INITIAL CERTIFICATION	\$1,000 PER FAMILY BRAND	=	\$
<input type="checkbox"/>	3 YEAR RENEWAL**	\$1,000 PER FAMILY BRAND	=	\$
MANUFACTURER				
COMPANY NAME		CONTACT PERSON		FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)
ADDRESS			CITY	STATE   ZIP CODE
PHONE NUMBER			FAX NUMBER	
EMAIL ADDRESS			WEB ADDRESS (Optional)	
CHECK LIST (All of the following items must accompany this document for the application to be complete)				
<input type="checkbox"/> APPROPRIATE FEE		<input type="checkbox"/> FIRE STANDARD COMPLIANT CERTIFICATION FORM PAGES <u>  1  </u> TO <u>  </u>		<input type="checkbox"/> "FSC" MARKING IS PER NRS 477.198 AND IS UNIFORM ON ALL PACKAGING AT OR NEAR THE UPC LABEL AS PRESCRIBED
SIGNATURE				
In applying for Fire Standard Compliant Cigarette certification, I certify that the cigarette varieties listed on FSC Certification Form, and attached to this application comply with NRS 477.172 through 477.214. By my signature, I verify that the information on the application and its attachments are true. I understand that knowingly providing a false answer to any question or submitting false information or documents with this application may be tampering with a governmental record which is punishable under NRS 477.250.				
ORIGINAL SIGNATURE OF AUTHORIZED REPRESENTATIVE OF MANUFACTURER				Date
PRINTED NAME			TITLE	

**\*\* Required every three years from date of initial certification. If any changes or updates are requested for previously certified brand styles, they will remain on the current renewal schedule and will not begin on a new date.**

Every manufacturer is also required to send copies of their application and certification to the Nevada Attorney General's Office at the following address:

Nevada Office of the Attorney General  
[tobaccoenforcement@ag.nv.gov](mailto:tobaccoenforcement@ag.nv.gov)

Please, **ONLY** send payments for this application to the Nevada State Fire Marshal Division