



**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



## 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/>

<b>CERTIFICATION</b>					
<b>CHECK ONE</b>	<b>TYPE OF CERTIFICATION</b>	<b>APPROVAL FEE</b>	<b>QUANTITY OF FAMILY BRANDS</b>		<b>TOTAL AMOUNT PAID</b>
<input type="checkbox"/>	INITIAL CERTIFICATION	\$1,000 PER FAMILY BRAND		=	\$
<input type="checkbox"/>	3 YEAR RENEWAL**	\$1,000 PER FAMILY BRAND		=	\$
<b>MANUFACTURER</b>					
COMPANY NAME		CONTACT PERSON		FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	
ADDRESS			CITY		STATE
PHONE NUMBER			FAX NUMBER		
EMAIL ADDRESS			WEB ADDRESS (Optional)		
<b>CHECK LIST</b> (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	
<b>SIGNATURE</b>					
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**

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

Nevada Office of the Attorney General Attn: Tobacco Enforcement Unit 100 North Carson Street Carson City, Nevada 89701	Nevada Department of Taxation Attn: Compliance / Audits 1550 College Parkway, Room 115 Carson City, Nevada 89706
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Please, **ONLY** send payments for this application to the Nevada State Fire Marshal Division