



Nevada State Fire Marshal Division  
**FSC Office**  
 107 Jacobsen Way, Carson City, Nevada 89711  
 775-684-7526 • Fax 775-684-7518  
 www.fire.nv.gov



## FIRE STANDARD COMPLIANT CIGARETTE (FSCC) CERTIFICATION REGISTRATION FORM

Cigarettes must be tested according to Nevada Revised Statutes (NRS) 477.172 through 477.214. A separate Fire Standard Compliant Cigarette Certification Form must be completed if a cigarette manufacturer employs more than one testing entity to conduct FSC testing. Please print additional pages of the Certification by Cigarette Variety document (page 2) if necessary. All items on this form **MUST** be completed unless it is specified optional or it will be sent back to originator for correction.

<b>MANUFACTURER</b>			
<b>TESTING</b>			
<b>TESTING ENTITY</b>			
LABORATORY OR TESTING ENTITY'S NAME		CONTACT PERSON'S NAME	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER		
EMAIL ADDRESS	WEB ADDRESS (Optional)		
<b>TEST METHOD</b>			
<input type="checkbox"/> ASTM E2187-04	<input type="checkbox"/> Alternate method approved by the Nevada State Fire Marshal. Attach copy of the Nevada State Fire Marshal's authorization of the proposed testing method.		
<b>TESTING AND QUALITY ASSURANCE PROGRAM</b> (The answers provided below apply to all cigarettes listed on the Certification by Cigarette Variety document)			
ISO/IEC 17025 ACCREDITED	REPEATABILITY ABOVE 0.19	TESTED ON 10 LAYERS OF FILTER PAPER	PERFORMANCE STANDARD MET*
<input type="checkbox"/> YES (Attach copy of accreditation) <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>SIGNATURE</b>			
By my signature, I verify that the information on this form and its attachments are true. I understand that knowingly providing a false answer to any question or submitting false information or documents with this form may be tampering with a government record which is punishable under NRS 477.250.			
ORIGINAL SIGNATURE OF QUALITY ASSURANCE DIRECTOR		DATE TESTED **	
QUALITY ASSURANCE DIRECTOR			
<b>ATTACH THIS FORM TO THE APPLICATION FOR FIRE STANDARD COMPLIANT CIGARETTE CERTIFICATION BY MANUFACTURER</b>			

\* The performance standard is met when no more than 25 percent of the cigarettes tested exhibit full-length burns

\*\*Lab testing must not be older than 3 years from date of submission

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)

MANUFACTURER
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<b>CERTIFICATION BY CIGARETTE VARIETY</b>
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1. Brand or Trade Name	
2. Style <sup>1</sup>	
3. Length in Millimeters	
4. Circumference in Millimeters	
5. Flavor <sup>2</sup>	
6. Filter / Non-Filter	
7. Package Description <sup>3</sup>	
8. FSC marked at or near UPC label not less than 8-point type	
9. Date Testing Occurred	

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*Please print additional copies of this page if necessary and attach to your package*

<sup>1</sup> Blue, Silver, Green, Regular, Etc.

<sup>2</sup> Menthol, Non-Menthol, Regular, Etc.

<sup>3</sup> Soft Pack, Box, Hard Pack, Etc.