MINNESOTA DEPARTMENT OF PUBLIC SAFETY
STATE FIRE MARSHAL DIVISION

MANUFACTURER'S APPLICATION
FOR FIRE STANDARD COMPLIANT CIGARETTE APPROVAL

Complete this application; attach all required documents, information and fees required by Minnesota Statutes 299F.850 - 859, and submit to the **Minnesota State Fire Marshal Division, Attention: FSC Cigarette Program, 444 Cedar Street, Suite 145, St. Paul, MN 55101-5145.** Checks are to be made payable to the Minnesota Department of Public Safety. All fees are non-refundable, except for mistakes of law or fact. Please complete the entire form. Type or print all information.

Approval Request						
Check One	**Type of Approval**	**Approval Fee**		**Total Quantity of Brand Styles**		**Total Fee Included**
[ ]	**Initial Approval**	**$250 per Brand Style**	**X**		**=**	
[ ]	**3 Year Renewal**	**$250 per Brand Style**	**X**		**=**	

Manufacturer			
Company Name:		**Contact Person:**	
Address:	**City:**	**State:**	**Zip Code:**
Contact's Phone Number:	**Contact's Fax Number:**		
Contact's Email Address:			

Checklist *(The following forms must accompany this document for the application to be accepted as complete.)*		
[ ] FSC Application for Approval *(This form)*	**[ ] FSC Certification Form**	**[ ] Proposed FSC Marking**
[ ] FSC Brand Style Certification List	**[ ] ASTM E2187-04 Certificate or Equivalent**	**[ ] Certification Fee**

Authorized Signature	
By my signature I verify that the information contained on this form is true. I understand that knowingly making a false certification is a violation on Minnesota law and subject to the penalties established in MS 299F.854 and any other applicable Minnesota statutes.	
Signature of Authorized Agent:	**Date:**
Printed Name of Authorized Agent:	**Title:**

For Office Use Only			
Date Received / By:		**Check Number:**	**Amount:**
[ ] Application Approved	**Date Approved:**	**[ ] Application Rejected**	**Date Rejected:**
Authorized Signature:	**Title:**		**Date:**