



COMMONWEALTH OF
PUERTORICO
PUERTO RICO STATE FIRE
DEPARTMENT

Cigarette Family Pg ____ of ____

CIGARETTE CERTIFICATION - FIRE SAFE CIGARETTES (Attach Addendum pages as necessary):										
Brand Family	Type	Length	Circumference	Flavor	Filter	Non-Filter	Package	Lab. Location	% of full burn	Test Date
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				
		mm	mm		<input type="checkbox"/>	<input type="checkbox"/>				

The Puerto Rico State Fire Department will not process incomplete or illegible applications.

Calle Loíza Esq. Doncella
Edif. Raúl Gándara 2432, Punta Las Marías,
San Juan, PR 00936
P.O. Box 13325 San Juan P.R. 00908-3325
Tel: 787.725.3444 Fax: 787.726.2614
www.bomberos.pr.gov





REDUCED CIGARETTE IGNITION PROPENSITY MEASURING ACT

TYPE OF CERTIFICATION (CHECK ONE):

Initial

 Supplemental

 Three Year Re-certification

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:			

DESIGNATED CONTACT:

Name:	Title:		
Mailing Address:			
City:	State:	Zip Code:	Country:
Phone:	Fax:	E-Mail Address:	

FEE CALCULATION:

1. Number of cigarette brand families listed on this certification.	
2. Processing and enforcement fee of \$250.00 for each cigarette listed.	\$250.00
3. Amount due Puerto Rico State Fire Department (Line 1 times Line 2)	

No cigarette will be Certified for sale in the Commonwealth of Puerto Rico or be included in the Puerto Rico State Fire Department Authorized List until the fee is paid in full.

The Puerto Rico State Fire Department will not process incomplete or illegible applications.





TEST METHOD:

The cigarettes included in this certification have been tested using the following method and the test result is attached. The manufacturer certify that will retain the testing data for a minimum of 3 years and will provide the data to the Puerto Rico State Fire Department and / or Attorney General upon request.

ASTM International Standard E2187-04, standard test method for measuring the ignition strength of cigarettes.

LABORATORY INFORMATION: (Please use laboratory information addendum if more than one laboratory used.)

Lab. Name:

Address:

Phone Number:

City:

State:

Zip Code:

E-mail Address:

MARKING APPROVAL:

All cigarettes included in this certification have an approved marking of FSC signifying “fire standards compliant” appearing in eight-point type or larger and permanently stamp, engraved, embossed or printed on each pack, carton, and case or other packaging at or around the area of the UPC code as required by Section 9 of the Regulation.

INFORMATION PROVIDED TO WHOLESALE, DEALERS AND AGENTS:

The undersigned manufacturer will provide copies of the certification to all Puerto Rico licensed wholesale dealers and agents, as required by Regulation, as well as those who may sell to a Puerto Rico licensed wholesale dealers or agent, to which they sell cigarettes. The undersigned manufacturer will provide sufficient copies of the cigarette package markings to the wholesale dealers and agents with the instruction that the copies be provided to all Puerto Rico 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.

The Puerto Rico State Fire Department will not process incomplete or illegible applications.





MANUFACTURER CERTIFICATION:

Under penalties of law, 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 Commonwealth of Puerto Rico or of the jurisdiction where the manufacturer resides or is organized. I understand that the Puerto Rico State Fire Department may require additional information and / or documentation to determine whether the manufacturer qualifies for listing on the Puerto Rico State Fire Department Cigarette Directory.

Authorized Designee (Print Name)

Title

Signature of Authorized Designee

Date

Subscribe and sworn to

Before me this date: _____

Signature of Notary Public

County

Commission Expires

Mail To:

Submit the completed certification and other required documentation to the Puerto Rico State Fire Department:

Puerto Rico State Fire Department /Fire Prevention Division
P.O. Box 13325
San Juan, P.R. 00908-3325

Please note we will accept alternative listings of cigarette details created in an Excel spreadsheet. If you choose to do so, it must contain the same information as in **“Cigarette Certification”** of this spreadsheet. Please e-mail to the address below, and also print and sign or initial page of the document along with the application.

For additional forms and information:

Phone: (787) 725-3444
(787) 728-3698
Fax: (787) 728-2649

www.bomberos.pr.gov
mmedina@bomberos.gobierno.pr

The Puerto Rico State Fire Department will not process incomplete or illegible applications.





LABORATORY INFORMATION ADDENDUM

LABORATORY INFORMATION:			
Lab. Name:			
Address:		Phone Number:	
City:	State:	Zip Code:	E-mail Address:
LABORATORY INFORMATION:			
Lab. Name:			
Address:		Phone Number:	
City:	State:	Zip Code:	E-mail Address:
LABORATORY INFORMATION:			
Lab. Name:			
Address:		Phone Number:	
City:	State:	Zip Code:	E-mail Address:
LABORATORY INFORMATION:			
Lab. Name:			
Address:		Phone Number:	
City:	State:	Zip Code:	E-mail Address:
LABORATORY INFORMATION:			
Lab. Name:			
Address:		Phone Number:	
City:	State:	Zip Code:	E-mail Address:

The Puerto Rico State Fire Department will not process incomplete or illegible applications.

