



STATE OF OKLAHOMA
Office of the State Fire Marshal
PO Box 36690
Oklahoma City, Oklahoma 73136
(405)522-5005
www.ok.gov/fire

**APPLICATION FOR FIRE STANDARD COMPLIANT CIGARETTE APPROVAL BY
MANUFACTURER**

This application must be accompanied by all fees, documents and information required by 74 Okla. Stat. Ann. §§ 326.1- 326.11 of the Fire Safety Standard and Firefighter Protection Act and all rules promulgated thereunder. Please complete this form in its entirety. All fees are non-refundable except for mistakes of law or fact.

APPROVAL					
CHECK ONE	TYPE OF APPROVAL	APPROVAL FEE	QUANTITY OF BRAND FAMILIES		TOTAL INCLUDED
☐	INITIAL APPROVAL	\$1000 per each brand family		=	\$
☐	3 YEAR RENEWAL*	\$1000 per each brand family		=	\$
MANUFACTURER					
COMPANY NAME		CONTACT PERSON		FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	
ADDRESS		CITY		STATE	ZIP CODE
PHONE NUMBER		FAX NUMBER			
E-MAIL ADDRESS (optional)		WEB ADDRESS (optional)			
MAIL TO: OKLAHOMA STATE FIRE MARSHAL'S OFFICE, PO Box 36690, OKLAHOMA CITY, OK 73136					
CHECK LIST (All of the following items must accompany this document for the application to be complete):					
☐ APPROPRIATE FEE		☐ FIRE STANDARDS COMPLIANT CIGARETTE CERTIFICATION FORM PAGES _____ TO _____		☐ MARKING APPROVAL FORM AND ILLUSTRATION OF PROPOSED MARKING	
SIGNATURE					
In applying for fire standard compliant cigarette approval, I certify that the cigarette varieties listed on FSC Certification Forms 40-2A and 40-2B and submitted together or separately in conjunction with this application comply with 74 Okla. Stat. Ann. §§ 326.1- 326.11 of the Fire Safety Standard and Firefighter Protection Act and all rules promulgated thereunder. By my signature, I verify that the information on the application and all related forms and/or attachments is true. I understand that knowingly providing a false certification of fire standard compliant cigarettes is a violation of Oklahoma law and may be subject to civil and criminal penalties					
ORIGINAL SIGNATURE OF AUTHORIZED REPRESENTATIVE OF MANUFACTURER				DATE	
PRINTED NAME				TITLE	

* Required every three years from date of laboratory testing.