



# State Fire Marshal's Office

PO Box 12107 | Austin, TX 78711 | 512-676-6800 | tdi.texas.gov/fire

SF251 | 0122

## Application for Fire Standard Compliant Cigarette Marking Approval (Of Modification of Marking Approval)

### Instructions

- Print or type your information.
- Application must be complete.
- Include all documents and information required by the [Texas Health and Safety Code, Chapter 796](#), and the [Texas Fire Standard Compliant Cigarette Rules](#).
- All fees are nonrefundable, except for overpayments from mistakes of law or fact.
- Send one payment to cover fees. Payments for various applications must be combined.

### 1. Manufacturer

---

Company name

Contact person

---

Address

City

State

ZIP

Country

---

IRS Tax ID / Employer's identification number (EIN)

---

Phone

Fax

---

Email

Website (optional)

### 2. Marking Approval

Mark all that apply and attach the proposed marking illustration with this application.

Initial marking approval

Modification of marking previously approved by the State Fire Marshal's Office

The letters FSC are used<sup>1</sup>

Marking other than FSC used, please describe: \_\_\_\_\_

The marking is approved and in use in other states; please list state(s):

---

---

---

---

### 3. Marking Illustrations Provided to Wholesale Dealers and Agents

I certify that I will / have provide(d) enough copies of the illustration of the package marking, original or modified, to wholesale dealers and agents who sell cigarettes in Texas.

### 4. Signature

With my signature, I certify that:

- I am an authorized employee.
- The proposed marking presented to the State Fire Marshal's Office for approval complies with the Texas Health and Safety Code, Chapter 796.
- The information provided on this form and its attachments are true and correct.

---

Print name

Title

---

Signature

Date

## Your rights

You can request information we have about you by emailing [OpenRecords@tdi.texas.gov](mailto:OpenRecords@tdi.texas.gov) or writing to: Public Information Coordinator, Texas Department of Insurance, P.O. Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to [RecordCorrections@tdi.texas.gov](mailto:RecordCorrections@tdi.texas.gov) or by mail to: Record Correction Request, Texas Department of Insurance, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030. There is a different process to change or update information you submitted to the State Fire Marshall's Office (SFMO). To update information submitted to SFMO, email [FMLicensing@tdi.texas.gov](mailto:FMLicensing@tdi.texas.gov). There may be a fee to update information held by SFMO.