

**State Fire Marshal's Office (112-FM)**333 Guadalupe, Austin, Texas 78701 ★ PO Box 149221, Austin, Texas 78714-9221
(512) 676-6800 | F: (512) 490-1063 | (800) 578-4677 | TDI.texas.gov | @TXSFMO**APPLICATION FOR FIRE STANDARD COMPLIANT CIGARETTE MARKING
APPROVAL (OR MODIFICATION OF MARKING APPROVAL)**

This application must be accompanied by all documents and information required by Chapter 796 of the Texas Health and Safety Code and the Texas Fire Standard Compliant Cigarette Rules. Please complete the entire form. Please print or type.

MANUFACTURER				
COMPANY NAME			CONTACT PERSON	
ADDRESS	CITY	STATE	ZIP CODE	COUNTRY
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):		PHONE NUMBER	FAX NUMBER	
E-MAIL ADDRESS FOR NOTIFICATION PURPOSES		WFR ADDRESS (optional)		
MARKING APPROVAL (Please attach proposed marking illustration with this application and select any that apply.)				
<input type="checkbox"/> Initial marking approval		<input type="checkbox"/> Modification of marking previously approved by the State Fire Marshal's Office		
<input type="checkbox"/> The letters FSC are used ^{1*}		<input type="checkbox"/> Marking other than FSC used (please describe):		
<input type="checkbox"/> The marking is approved and in use in other states; please list state(s)*:				
MARKING ILLUSTRATIONS PROVIDED TO WHOLESALE DEALERS AND AGENTS				
<input type="checkbox"/> I certify that I will/have provide(d) sufficient copies of the illustration of the package marking, original or modified, to wholesale dealers and agents who sell cigarettes in Texas.				
SIGNATURES				
In presenting the proposed marking to the State Fire Marshal's Office for approval, I certify that the proposed marking complies with the Texas Health and Safety Code, Chapter 796. By my signature, I verify that the information on this application and its attachments are true and correct.				
SIGNATURE – AN EMPLOYEE AUTHORIZED TO SIGN ON BEHALF OF THE MANUFACTURER			DATE	
PRINTED NAME			TITLE	
MAIL TO:	STATE FIRE MARSHAL'S OFFICE, MAIL CODE 112-FM, P.O. BOX 149221, AUSTIN, TX 78714-9221			

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under §552.021 and §552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under §559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of the TDI Legal Services Division at (512) 475-1757 or visit the Corrections Procedure section on TDI's web page at www.tdi.state.tx.us.

* Automatically approved.