

Participating or Non-Participating Manufacturer Certification – Brand Disclosure

Schedule A	DOMESTIC Cigarette Brands	Page _____ of _____
Manufacturer Name	Federal Manufacturer Permit No. TP - -	WI Dept. of Revenue (WDOR) Manufacturer Permit No. CMFR -
		Certification for Sales Year

BRAND INFORMATION

IMPORTANT ALL brands manufactured and still available for sale to consumers on the U.S. market, on or after May 23, 2000, **MUST** be listed. Failure to disclose all brands on this application is cause for delisting and/or denial of all attributed brands.

DOMESTIC BRANDS – Brands manufactured in the United States (U.S.) by the manufacturer above and under the federal permit above.

▼ Mark this box with an "X" to indicate brands you are requesting certification for sale and distribution in Wisconsin for this certification sales year.

<input checked="" type="checkbox"/>	1. Brand Name	2. Brand Style	3. MSA Status (<i>check one</i>)	4. Brand Reference No.
			<input type="checkbox"/> PM <input type="checkbox"/> NPM	A - _____
5. Price per Carton to Distributor for Sale & Distribution in Wisconsin:				
Pkg. (i.e. 8/25, 10/20, 10/25, etc.) >> _____ \$ (*) Attach a current price list as Exhibit _____				
U.S. Requirements	FTC	6. Date of FTC Compliance Letter (+)	6a. FTC Expiration Date	6b. FTC Brand Label Warning Approval Submitted to Federal Trade Commission (FTC) by:
	HHS	7. Date of HHS Compliance Letter (+)	7a. HHS Expiration Date <i>March 31 of each year</i>	7b. HHS Ingredient Reporting Submitted to Health & Human Services (HHS) / CDC / OSH by:
		6c. Relationship to Manufacturer	7c. Relationship to Manufacturer	
8. Trademark Owner(+): a. Legal Name >> _____ b. Doing Business As (DBA) Name _____				
8c. Address: _____				
		Street Address	City	State / Province Country Zip Code
9. Physical Location(s) where these cigarettes are fabricated >> _____				
		Street Address	City	State / Province Country Zip Code
9a. Name of owner of this plant / facility (<i>print or type</i>)		9b. Date First Manufactured	9c. Date Last Manufactured	Reason: <input type="checkbox"/> Discontinued <input type="checkbox"/> Other (<i>explain</i>)
9d. Is this the sole facility where this brand / brand style is fabricated?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain and complete additional Schedule A for other location(s) and attach.				

(*) Requires attached supporting documents.