

**Participating or Non-Participating Manufacturer Certification – Brand Disclosure**

**Schedule A DOMESTIC Cigarette Brands**

Manufacturer Name	Federal Manufacturer Permit No. <b>TP - -</b>	WI Dept. of Revenue (WDOR) Manufacturer Permit No. <b>CMFR -</b>	Certification for Sales Year <b>2026</b>
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**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. *If all the information is the same for multiple brands, you may submit one schedule for multiple Brand Reference Nos. (i.e. A-1 to A-7; A-8 to A-16).*

▼ 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	
5. Price per Carton to Distributor for Sale & Distribution in Wisconsin:				
Package: <input type="checkbox"/> 8/25 <input type="checkbox"/> 10/20 <input type="checkbox"/> 10/25 <input type="checkbox"/> Other:		5a. Price	5b. Price List	
		\$	<input type="checkbox"/> <b>Provided as Exhibit H</b>	
U.S. Requirements	6. Date of FTC Compliance Letter (*)	6a. FTC Expiration Date	6b. FTC Brand Label Warning Approval Submitted to Federal Trade Commission (FTC) by:	6c. Relationship to Manufacturer
	7. Date of HHS Compliance Letter (*)	7a. HHS Expiration Date <b>March 31 of each year</b>	7b. HHS Ingredient Reporting Submitted to Health & Human Services (HHS) / CDC / OSH by:	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 ( <b>print or type</b> )		9b. Date First Manufactured	9c. Date Last Manufactured or N/A if currently 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.				

**All fields must be completed.**