State of Wisconsin

# Participating or Non-Participating Manufacturer Certification – Brand Disclosure

## Schedule A IMPORTED Cigarette Brands

Page _____ of _____

| Foreign Manufacturer Name | Certification for Sales Year |
|---|---|
| | 2026 |

| Authorized Importer's Name | Authorized Importer's Federal Permit No. | Authorized Importer's WDOR Permit No. |
|---|---|---|
| | - TI - | CIMP - |

**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.

**IMPORTED BRANDS** – Brands manufactured outside the United States (U.S.) for sale in the U.S. by the manufacturer above and imported under the federal permit above. *If all the information is the same for multiple brands, you may submit one schedule for multiple Brand Reference Numbers (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.

| X | 1. Brand Name | 2. Brand Style | 3. MSA Status *(check one)* | 4. Brand Reference No. |
|---|---|---|---|---|
| | | | ☐ PM ☐ NPM | |

| 5. Price per Carton to Distributor for Sale & Distribution in Wisconsin: Package: ☐ 8/25 ☐ 10/20 ☐ 10/25 ☐ Other: | 5a. Price | 5b. Price List |
|---|---|---|
| | $ | ☐ **Provided as Exhibit H** |

| 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: | 6c. Relationship to Manufacturer |
| HHS | 7. Date of HHS Compliance Letter (*) | 7a. HHS Expiration Date ***March 31 of each year*** | 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 | 9b. Date First Manufactured | 9c. Date Last Manufactured or N/A if currently Manufactured | Reason: ☐ Discontinued ☐ Other *(explain)* |
|---|---|---|---|
| | | | |

9d. Is this the sole facility where this brand / brand style is fabricated?

☐ Yes ☐ No If No, please explain and complete additional Schedule A for other location(s) and attach.

| 10. Exporter: a. Legal Name >> | b. Doing Business As (DBA) Name |
|---|---|
| | |

| 10c. Address: | Street Address | City | State / Province | Country | Zip Code |
|---|---|---|---|---|---|
| | | | | | |

| 11. Date First Exported to U.S. | 12. Date Last Exported to U.S. Reason: ☐ Discontinued ☐ Other *(explain)* | 13. Date First Imported into U.S. | 14. Date Last Imported into U.S. Reason: ☐ Discontinued ☐ Other *(explain)* |
|---|---|---|---|
| | | | |

**All fields must be completed.**