

Participating or Non-Participating Manufacturer Certification – Brand Disclosure

Schedule A		IMPORTED Cigarette Brands		Page _____ of _____
Foreign Manufacturer Name			Certification for Sales Year	
Authorized Importer's Name		Authorized Importer's Federal Permit No. - TI -	Authorized Importer's WDOR Permit No. 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.

▼ 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"/>			<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 HHS FTC	6. Date of FTC Compliance Letter (*)	6a. FTC Expiration Date	6b. FTC Brand Label Warning Approval Submitted to Federal Trade Commission (FTC) by:	
	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:	
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.				
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: <input type="checkbox"/> Discontinued <input type="checkbox"/> Other (<i>explain</i>)	13. Date First Imported into U.S.	14. Date Last Imported into U.S.
				Reason: <input type="checkbox"/> Discontinued <input type="checkbox"/> Other (<i>explain</i>)

(*) Requires attached supporting documents.