

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 2025	
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. *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.

<input checked="" type="checkbox"/>	1. Brand Name	2. Brand Style	3. MSA Status (<i>check one</i>) <input type="checkbox"/> PM <input type="checkbox"/> NPM	4. Brand Reference No.	
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: _____ \$ <input type="checkbox"/> Provided as Exhibit H					
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 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: <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>)

All fields must be completed.