State of Wisconsin

Participating or Non-Participating Manufacturer Certification – Brand Disclosure

Schedule A **DOMESTIC Cigarette Brands**

Page _____ of _____

Manufacturer Name	Federal Manufacturer Permit No.	WI Dept. of Revenue (WDOR) Manufacturer Permit No.	Certification for Sales Year
	TP - -	**CMFR -**	

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.

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

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 ***(print or type)***	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.

All fields must be completed.