

**INSTRUCTIONS FOR COMPLETING
DBPR ABT – 6040
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
REDUCED CIGARETTE IGNITION PROPENSITY (RCIP) CERTIFICATION**

Certification form begins on page 3

General Instructions

Who Must Submit a Certification

This certification must be filed by any entity that manufactures or produces, or causes to be manufactured or produced, regardless of location, cigarettes that such manufacturer intends to be sold in the State of Florida, including cigarettes intended to be sold in the United States through an Importer.

For manufacturers or importers applying for a new Florida permit, this certification form must accompany form DBPR ABT-6024, Division of Alcoholic Beverages and Tobacco Application for Wholesale Cigarette Permit.

When Must the Certification be Filed

The initial certification must be filed with the Department of Business and Professional Regulation, Division of Alcoholic Beverages and Tobacco, no later than December 1, 2009. Three year re-certifications must be filed by December 1 of each re-certification year thereafter.

Where to Mail the Certification

Completed certifications and related documents should be sent to:
Department of Business and Professional Regulation
Division of Alcoholic Beverages and Tobacco
1940 North Monroe St.
Tallahassee, FL 32399-1022

Specific Instructions

Section 1 – Type of Certification

The initial certification is due December 1, 2009. Subsequent re-certifications are due every three years, on December 1 of each re-certification year.

Section 2 – Manufacturer or Importer Name.

All cigarette manufacturers and importers engaging in business in Florida must have a current Florida permit. Complete all blocks in this section including your current Florida permit number in the appropriate block. An e-mail address is desired, but not required.

Section 3 – Testing

Provide information regarding where the cigarettes were tested and the testing method used. If a method other than ASTM E2187-04 was used, attach a copy of the Florida State Fire Marshal's authorization. An e-mail address is desired, but not required.

Section 4 – Signature

The authorized representative signing the certification must be an officer, principal, director or other authorized representative of the manufacturer. The authorized representative's name and title must be legibly printed.

Section 5 – Certification by Cigarette Variety

For each cigarette being certified, provide the following information:

- Brand, or trade name, on the package
- Style, such as light or ultra light
- Length in millimeters
- Circumference in millimeters
- Flavor, such as menthol or chocolate
- Filter or nonfilter
- Package description, such as soft pack or box
- Date testing occurred

Note: In lieu of submitting the information required in section 4 on form ABT 6040, you may submit a computer report showing the same required information in the same order as requested on the form.

Additional Requirements

If this submission is for an Initial Certification, each manufacturer shall present an illustration of its proposed marking to the division as an attachment to this certification. The division will approve or disapprove the manufacturer's marking within 10 business days of receipt.

Cigarettes that are certified by a manufacturer shall be marked to indicate compliance with the requirements of Florida Statute 633.042.



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
 1940 NORTH MONROE STREET • TALLAHASSEE, FL 32399-1022

DBPR Form
 ABT-6040
 Effective
 61A-10.100
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**REDUCED CIGARETTE IGNITION PROPENSITY
 (RCIP)**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, at (850) 921-2152. Please submit your completed certification and required information to

Department of Business and Professional Regulation
 Division of Alcoholic Beverages and Tobacco
 1940 North Monroe St.
 Tallahassee, FL 32399-1022

SECTION 1 – TYPE OF CERTIFICATION	
<input type="checkbox"/> Initial Certification	<input type="checkbox"/> 3 Year Recertification

SECTION 2 – MANUFACTURER OR IMPORTER NAME			
Company Name	Contact Person	Florida Permit Number	
Address	City	State	ZIP Code
Telephone Number	Email Address (optional)		

SECTION 3 - TESTING			
TESTING ENTITY			
Laboratory or Testing Entity's Name	Contact Person		
Address	City	State	ZIP Code
Telephone Number	Email Address (optional)		
TEST METHOD			
<input type="checkbox"/> ASTM E2187-04	<input type="checkbox"/> Alternate method approved by the Florida State Fire Marshal. Attach a copy of the Florida Fire Marshal's authorization of the proposed testing method.		

SECTION 4 - SIGNATURE	
By my signature, I attest that each cigarette listed in this Certification and its attachments has been tested and meets the performance standard set forth in the Reduced Cigarette Ignition Propensity Standard and Firefighter Protection Act, Florida Statutes, section 633.042.	
Original Signature of Authorized Representative	Date
Printed Name	Title

AB&T USE ONLY					
Certification Receipt	In's	Central Audit Review	In's	Central Processing	In's
Postmark Date		Review Date		Completed Date	

SECTION 5 – CERTIFICATION BY CIGARETTE VARIETY

1. Brand or trade name on the Package	
2. Style, such as light or ultra light	
3. Length in millimeters	
4. Circumference in millimeters	
5. Flavor, such as menthol or chocolate	
6. Filter or nonfilter	
7. Package description, such as soft pack or box	
8. Date testing occurred	

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