

**INDIANA REDUCED IGNITION PROPENSITY STANDARD FOR CIGARETTES
MANUFACTURER'S APPLICATION FORM**

Application Type Supplemental

Application Date 03/26/2021

Manufacturer Details

Company Name R.J. Reynolds Tobacco Co.
Address 401 North Main Street
 Winston-Salem NC 27101

Phone 3367410026 Fax

Contact Details

Contact Person Angela Huie
Title Scientist
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Receipt Id 1 Phone 3369701229 Fax

Cigarette Details

<u>Brand</u>	<u>Style</u>	<u>Length</u> <u>(mm)</u>	<u>Circumference.</u> <u>(mm)</u>	<u>Marking</u>	<u>Flavor/Filter</u> <u>Package</u>
Camel	Smooth GOld 99 Box	99	24.5	FSC	Non-Menthol Filter Hard Pack
Camel	Smooth Gold Box	85	24.5	FSC	Non-Menthol Filter Hard Pack
Newport	Non Menthol Green 100 Box	100	24.8	FSC	Non-Menthol Filter Hard Pack
Newport	Non Menthol Green Box	80	24.8	FSC	Non-Menthol Filter Hard Pack

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A. The undersigned manufacturer certifies, under the penalty of perjury, it is a manufacturer (as defined in IC 22-14-7-4) and is in full compliance with provisions of Indiana's Reduced Ignition Propensity Standards for Cigarettes law as contained in IC 22-14-7. Said manufacturer further certifies that each cigarette has been tested as required under IC 22-14-7-13 or IC 22-14-7-15, and each cigarette meets the performance standard in IC 22-14-7-13(c) or IC 22-14-7-15.

B. The manufacturer further certifies, under the penalty of perjury, that it will timely provide a copy of each certification to each wholesale dealer (as defined in IC 22-14-7-11) to whom it sells cigarettes and will timely provide sufficient copies of an illustration of the package marking used by the manufacturer for each retail dealer to which the wholesale dealers or agents sell cigarettes.

In Witness Whereof, I have set my hand to be legally bound as the manufacturer making this certification under the laws of the State of Indiana this _____ day of _____, 20 ____.

By: _____

Printed Name: _____

Title: _____