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New Registration and Product Listing

View/Update Registration Information

View/Update Product Listing Information

Search Registration Information

Search Product Listing Information

For your reference, see the Guidance: Registration and Product Listing for Owners and Operators of Domestic Tobacco Product Establishments.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is xxxx-xxxx (expires 10/31/2015)

Will be adding the collection # and burden statement from the current paper form.

Please Note:

The system will automatically time out if there is no activity for 30 minutes.

The "Search" options are for internal users only.

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SECTION I IDENTIFICATION

An item followed by an asterisk (*) denotes a required field.

Please select one of the following options * :

(Note that owners and operators may register on behalf of the other party. In order to reduce redundant submissions, FDA strongly encourages that owners register and submit product listing information for themselves and on behalf of their operators.)

- Owner registering alone
- Owner registering on behalf of operator
- Owner who is also operator of all establishments
- Operator registering alone
- Operator registering on behalf of owner

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SECTION IIA REGISTRATION (Owner Information)

An item followed by an asterisk (*) denotes a required field.

Autofill from Account Information

Owner Name (Name of the Corporation / Partnership or Individual Owner)* :	
Address Line1* :	
Address Line2 :	
Country* :	UNITED STATES
ZIP or Postal Code* :	
City* :	
State, Province or Territory* :	
Owner Headquaters D&B DUNS Number :	

OWNER POINT OF CONTACT

Title:	Please Select
First / Given Name :	
Middle Name :	
Last Name :	
Position Title :	
Email Address :	
Telephone (Include Country Code if applicable) (XXX-XXX-XXXX) :	
FAX (XXX-XXX-XXXX) :	

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SECTION IIB REGISTRATION (Owner Business Structure)

An item followed by an asterisk (*) denotes a required field.

Select the type of business structure and provide indicated information:

○ **Sole Proprietorship** ○ **Partnership** ○ **Corporation**

Enter Owner Name* :

If the owner does business by any other name, please list all such names :

» Add Another Business Name

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SECTION IIIA REGISTRATION (Operator Information)

An item followed by an asterisk (*) denotes a required field.

Autofill from Account Information

Operator Name* :

Address Line1* :

Address Line2 :

ZIP Code* :

City* :

State, Province or Territory* :

Operator D&B DUNS Number :

OPERATOR POINT OF CONTACT

Title: Please Select

First / Given Name :

Middle Name :

Last Name :

Position Title :

Email Address :

Telephone (Include Country Code if applicable) (XXX-XXX-XXXX) :

FAX (XXX-XXX-XXXX) :

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SECTION IIIB **REGISTRATION (Operator Business Structure)**

An item followed by an asterisk (*) denotes a required field.

Select the type of business structure and provide indicated information: *

○ **Sole Proprietorship** ○ **Partnership** ○ **Corporation**

Enter Operator Name* :

If the operator does business by any other name, please list all such names :

» Add Another Business Name

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SECTION IIIA&B REGISTRATION (Operator Information & Operator Business Structure)

Information for multiple operators may be submitted if you are registering on their behalf.

	Operator Name	Address	Business Structure
Edit Delete	Steven Philips	11820 Parklawn Dr, Suite # 300, Rockville, MD, USA - 21043	Sole Proprietorship

» Add Another Operator

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SECTION IV REGISTRATION (Establishment Information)

An item followed by an asterisk (*) denotes a required field.

Enter registration and contact information for each establishment being registered.

Autofill from Operator Information

Select operator(s) for this establishment * :

Please Select
Steven Philips
Rahul Mehra
Paul Timothy
Steven Philips
Rahul Mehra

Establishment Name* :

Address Line1* :

Address Line2 :

ZIP Code* :

City* :

State, Province or Territory* : Select State/Province

Establishment D&B DUNS Number :

Operation (Check all that apply) :

- ☐ Blending
- ☐ Manufacturing
- ☐ Reconstituting Tobacco
- ☐ Packaging
- ☐ Labeling
- ☐ Saucing (or casing)
- ☐ Storing
- ☐ Testing
- ☐ Other (Specify):

ESTABLISHMENT POINT OF CONTACT

Title: Please Select

First / Given Name :

Middle Name :

Last Name :

Position Title :

Email Address :

Telephone (Include Country Code if applicable) (XXX-XXX-XXXX) :

FAX (XXX-XXX-XXXX) :

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SECTION V PRODUCT LISTING

Establishment Name : Establishment1

An item followed by an asterisk (*) denotes a required field.
Section V should be completed for each product listed.

Upload Product Listing(s) From File »

1. Product Name* (i.e., brand/sub-brand or other commercial name used in commmercial distribution - e.g., Acme Blue 100's or Acme Reconstituted Tobacco #202) :

2. Product Identification Number (Must be provided if needed to uniquely identify the product) :

3. Type of Product Identification Number (Select one):

- Item/Catalog Number
- SKU Number
- UPC Number

4. Intended Use of Product (Select One)* :

Consumer Use Further Manufacturing Use

5. Consumer Use Product Category (Check applicable)* :

- Cigarettes
- Chewing Tobacco
- Dissolvables
- Accessory Filters
- Roll-Your-Own Tobacco
- Roll-Your-Own Paper
- Roll-Your-Own Filters
- Other (Specify)
- Dry Snuff
- Moist Snuff
- Snus

6. Further Manufacturing Use Product Category (Check applicable)* :

- Tobacco
- Paper
- Filters
- Pouch or Portioned Tobacco
- Additive
- Other (Specify)

7. Flavor (Check applicable) :

- Menthol
- None
- Other (Specify)

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SECTION V PRODUCT LISTING - ADVERTISING

Product Name : Product 1

A representative sample of advertising may be required. Please see the guidance document, section III.C.2., for additional details.

Each uploaded file is limited to 200 MB. Please Note: If the upload time exceeds 30 minutes, the system will time out.

For each advertisement, we request that you provide the following optional information:
- Type of advertising material (e.g., magazine)
- Internal identification number, as applicable
- Date advertisement was first disseminated

Type of Advertising Material (e.g., magazine ad) :

Title :

Unique ID or Internal ID Number :

Date First Disseminated (mm/dd/yyyy) :

Upload File : (Maximum size for each file is 200 MB)

Upload

☐ **Product Has No Advertising**

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SECTION V PRODUCT LISTING - ADVERTISING

Product Name : Product 1

A representative sample of advertising may be required. Please see the guidance document, section III.C.2., for additional details.

For each advertisement, we request that you provide the following optional information:
- Type of advertising material (e.g., magazine)
- Internal identification number, as applicable
- Date advertisement was first disseminated

	Type of Advertising Material	Title	Unique ID or Internal ID Number	Date First Disseminated	Uploaded File(s)
Edit Delete	Advertising Material	Advertising Title	Advertising Unique ID	11/11/2011	advertising_materials.pdf advertising_materials_1.pdf

Add Another Advertising

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SECTION V PRODUCT LISTING - LABELING

Product Name : Product 1

Universal Product Code(s) (UPC) :

Attach all labeling for this product. * Please see the guidance document, section III.C.2., for additional details.

Each upload file is limited to 200 MB. Please Note: If the upload time exceeds 30 minutes, the system will time out.

For each item of labeling, we request that you provide the following optional information:
- Type of labeling material (e.g., package labeling)
- Internal identification number, as applicable
- Date labeling was first disseminated

Type of Labeling Material (e.g., package label) :

Title :

Unique ID or Internal ID Number :

Date First Disseminated (mm/dd/yyyy) :

Upload File : (Maximum size for each file is 200 MB)

Upload

☐ Product Has No Labeling

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SECTION V PRODUCT LISTING - LABELING

Product Name : Product 1

Universal Product Code(s) (UPC) : 123, 456, 789, 100

Attach all labeling for this product. * Please see the guidance document, section III.C.2., for additional details. For each item of labeling, we request that you provide the following optional information:

- Type of labeling material (e.g., package labeling)
- Internal identification number, as applicable
- Date labeling was first disseminated

	Type of Labeling Material	Title	Unique ID or Internal ID Number	Date First Disseminated	Uploaded File(s)
Edit Delete	Labeling Material	Labeling Title	Labeling Unique ID	11/11/2011	labeling_materials.pdf labeling_materials_1.pdf

Add Another Labeling

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SECTION V PRODUCT LISTING - CONSUMER INFORMATION

Product Name : Product 1

Consumer information may be required. Please see the guidance document, section III.C.2., for additional details.

Each uploaded file is limited to 200 MB. Please Note: If the upload time exceeds 30 minutes, the system will time out.

For each item, we request that you provide the following optional information:
- Type of material (e.g., consumer brochure)
- Internal identification number, as applicable
- Date material was first disseminated

Type of Consumer Material (e.g., consumer brochure):

Title :

Unique ID or Internal ID Number :

Date First Disseminated (mm/dd/yyyy) :

Upload File : (Maximum size for each file is 200 MB)

Upload

☐ **Product Has No Consumer Information**

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SECTION V PRODUCT LISTING - CONSUMER INFORMATION

Product Name : Product 1

Consumer information may be required. Please see the guidance document, section III.C.2., for additional details.

For each item, we request that you provide the following optional information:

- Type of material (e.g., consumer brochure)
- Internal identification number, as applicable
- Date material was first disseminated

	Type of Consumer Material	Title	Unique ID or Internal ID Number	Date First Disseminated	Uploaded File(s)
Edit Delete	Consumer Information Material	Consumer Information Title	Consumer Information Unique ID	11/11/2011	consumer_materials.pdf consumer_materials_1.pdf

Add Another Consumer Information

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SECTION V PRODUCT LISTING

To complete your product listing(s), you must include certain accompanying information, which will vary depending on the circumstances. Please see the guidance document, section III.C.2., for additional details. Select a product to continue to enter the required information.

Establishment Name : Establishment1

	Product Name	Product Category	Product Identification Number	Product Identification Number TYPE	Possible duplicate	Product Information Complete
Edit Delete	Product1	Filter	1182021043	SKU Number	Yes	No

» Add Another Product

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SECTION IV REGISTRATION (Establishment Information)

The following establishment(s) have been entered. You may add another establishment or continue to complete your registration.

	Establishment Name	Address
Edit Delete	Steven Philips	11820 Parklawn Dr, Suite # 300, Rockville, MD, USA - 21043

» Add Another Establishment

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SECTION I - IDENTIFICATION

Owner registering on behalf of operator

SECTION II - REGISTRATION (Owner Information & Owner Business Structure) EDIT

Owner Information :

Owner Name (Name of the Corporation / Partnership or Individual Owner) : GNSI
Address Line1 : 11820
Address Line2 : Parklawn Dr
City : Rockville
State, Province or Territory : Maryland
ZIP or Postal Code : 20852
Country : United States
Owner Headquaters D&B DUNS Number : 123456789

Owner Point of Contact :

Title : Mr.
Full Name : Jack V. Timothy
Position Title : Manager
Email Address : gnsitest@gnsi.com
Phone Number (Include Area/Country Code): 410 1234321
Fax Number (Include Area/Country Code): 410 1234322

Owner Business Structure :

Type of Business Structure : ⊙ Sole Proprietorship ○ Partnership ○ Corporation
Owner Name : Jhon Patrick
Names of the Partners :
1. Tim Lau
2. Rony Samuel

Names of the Corporate Officers and Directors :

Corporate Officer	Corporate Director
Pam Samuel	Samara Roy
Raj Malhotra	Jhony Lever

Identify State of incorporation : MD.
Please describe further. (if applicable, give name of country if incorporation made outside U.S.) :
Other names of business :
1. Global Net Services Inc.
2. Global Net Services

SECTION IIIA - REGISTRATION (Operator Information) EDIT

Operators Information :

Operator Name	Address
Steven Philips	11820 Parklawn Dr, Suite # 300, Rockville, MD, USA - 21043

SECTION IIIB - REGISTRATION (Operator Business Structure) EDIT

Operator Name	Type of Business
Steven Philips	Sole Proprietorship

SECTION IV - REGISTRATION (Establishment Information) EDIT

Establishments Information :

Establishment Name	Address
Steven Philips	11820 Parklawn Dr, Suite # 300, Rockville, MD, USA - 21043

SECTION V - PRODUCT LISTING EDIT

Product Listings :

Product Name	Product Category	Product Identification Number

Product 1	Filter	1234567

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SECTION VI CONFIRMATION STATEMENT

An item followed by an asterisk (*) denotes a required field.

The data and information in this submission have been reviewed and, to the best of my knowledge, are certified to be true and accurate. I agree to report changes to this information as required under section 905(i)(3) of the Act.

WARNING:
A willfully false statement is a criminal offence, U.S. Code, Title 18, Section 1001.

- ○ Agree *

Identity of the Signatory * :

- ○ Owner
- ○ Operator
- ○ Authorized Agent (Complete section below)

CONTACT INFORMATION

Title :	Please Select
First / Given name * :	
Middle Name :	
Last Name * :	
Position Title :	
Email Address :	
Telephone (Include Country Code if applicable) (XXX-XXX-XXXX) :	
FAX (XXX-XXX-XXXX) :	
Company Name :	
Address Line1 * :	
Address Line2 :	
Country * :	Please Select Country
ZIP or Postal Code * :	
City * :	
State, Province or Territory * :	Select State/Province

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REGISTER A NEW TOBACCO ESTABLISHMENT

Thank you for submitting your registration and product listing. You will receive an acknowledgement notification from the Center for Tobacco Products when your submission has been processed.

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