



## Tobacco Registration and Product Listing



TRLM Home > View/Update Product Listing Information

- TRLM Home
- New Registration and Product Listing
- Complete Draft Registration and Product Listing
- View/Update Registration Information
- View/Update Product Listing Information**
- Remove Multiple Product Material Files
- Associate Advertising Files
- Search Registration Information
- Search Product Listing Information

### Section V - Registration (Product Listing)

Manually enter product information or upload product listing(s) from a file.

#### Option II: Manually Enter Product Information

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

ABC Cigs

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

ABC1

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 Filters  
 Dry Snuff     Moist Snuff     Roll-Your-Own Paper  
 Snus     Other

Please Select



6. Further Manufacturing Use Product Category (Check applicable)

N/A

7. Flavor (Check applicable)

- Menthol     None     Other (Specify)

Previous

Next

Please Select

- Cigar
- Cigar Component or Part
- Electronic Nicotine Delivery System**
- Electronic Nicotine Delivery System Component or Part
- Nicotine Delivery Product
- Pipe Tobacco
- Waterpipe Tobacco
- Waterpipe Tobacco Component or Part

Electronic Nicotine Delivery System

E-Cigarette

E-Cigarette Kit

E-Hookah

E-Hookah Kit

E-Cigar

E-Cigar Kit

E-Pipe

E-Pipe Kit

Advanced Personal Vaporizer

Advanced Personal Vaporizer Kit

Vape Pen

Vape Pen Kit

Other

Open System  Closed System



## Tobacco Registration and Product Listing



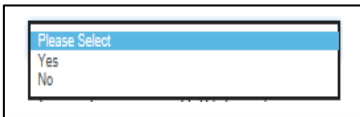
[TRLM Home](#) | [View/Update Registration Information](#)

- [TRLM Home](#)
- [New Registration and Product Listing](#)
- [Complete Draft Registration and Product Listing](#)
- [View/Update Registration Information](#)**
- [View/Update Product Listing Information](#)
- [Remove Multiple Product Material Files](#)
- [Associate Advertising Files](#)
- [Search Registration Information](#)
- [Search Product Listing Information](#)

### Section IV - Registration (Establishment Information)

Enter registration and contact information for each establishment being registered.

<div style="background-color: #0070c0; color: white; padding: 2px; text-align: center; font-weight: bold;">Establishment Information</div> <p><b>Establishment Name</b></p> <input type="text" value="High Class Vape Lounge"/> <small>The term "establishment" means a place of business under one ownership at one general physical location. A single building may house more than one distinct establishment if the establishments are under separate ownership.</small> <p><b>Address Line 1</b></p> <input type="text" value="1234 Main St"/> <p><b>Address Line 2 (Optional)</b></p> <input type="text" value="Optional"/> <p><b>ZIP or Postal Code</b></p> <input type="text" value="21703"/> <small>Please enter valid Zip code</small> <p><b>City</b></p> <input type="text" value="Frederick"/> <p><b>State, Province or Territory</b></p> <input type="text" value="Maryland"/> <p><b>Establishment D&amp;B DUNS Number (Optional)</b></p> <input type="text" value="Optional"/>	<div style="background-color: #0070c0; color: white; padding: 2px; text-align: center; font-weight: bold;">Establishment Point of Contact (Optional)</div> <p><b>Title</b></p> <input type="text" value="Mrs."/> <p><b>First / Given Name</b></p> <input type="text" value="Danita"/> <p><b>Middle Name</b></p> <input type="text" value="Optional"/> <p><b>Last Name</b></p> <input type="text" value="Dixon"/> <p><b>Position Title</b></p> <input type="text" value="Analyst"/> <p><b>Email Address</b></p> <input type="text" value="danita.dixon@fda.hhs.gov"/> <p><b>Telephone (Include Country Code if applicable)</b></p> <table border="0"> <tr> <td><input type="text" value="001"/></td> <td><input type="text" value="Area"/></td> <td><input type="text" value="Phone Number"/></td> <td><input type="text" value="Ext"/></td> </tr> <tr> <td>Country</td> <td>Area</td> <td>Phone Number</td> <td>Extension</td> </tr> </table> <p><b>Fax</b></p> <table border="0"> <tr> <td><input type="text" value="001"/></td> <td><input type="text" value="Area"/></td> <td><input type="text" value="Fax Number"/></td> </tr> <tr> <td>Country</td> <td>Area</td> <td>Fax Number</td> </tr> </table> <p><b>Is this establishment an Electronic Nicotine Delivery System (ENDS) Retail Establishment? (Optional)</b></p> <input type="text" value="Yes"/> <p><b>Operation (Check all that apply) (Optional)</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Blending</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Reconstituting Tobacco</td> </tr> <tr> <td><input type="checkbox"/> Packaging</td> <td><input type="checkbox"/> Labeling</td> <td><input type="checkbox"/> Saucing (or casing)</td> </tr> <tr> <td><input type="checkbox"/> Storing</td> <td><input type="checkbox"/> Testing</td> <td><input type="checkbox"/> Other (specify)</td> </tr> </table>	<input type="text" value="001"/>	<input type="text" value="Area"/>	<input type="text" value="Phone Number"/>	<input type="text" value="Ext"/>	Country	Area	Phone Number	Extension	<input type="text" value="001"/>	<input type="text" value="Area"/>	<input type="text" value="Fax Number"/>	Country	Area	Fax Number	<input type="checkbox"/> Blending	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Reconstituting Tobacco	<input type="checkbox"/> Packaging	<input type="checkbox"/> Labeling	<input type="checkbox"/> Saucing (or casing)	<input type="checkbox"/> Storing	<input type="checkbox"/> Testing	<input type="checkbox"/> Other (specify)
<input type="text" value="001"/>	<input type="text" value="Area"/>	<input type="text" value="Phone Number"/>	<input type="text" value="Ext"/>																					
Country	Area	Phone Number	Extension																					
<input type="text" value="001"/>	<input type="text" value="Area"/>	<input type="text" value="Fax Number"/>																						
Country	Area	Fax Number																						
<input type="checkbox"/> Blending	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Reconstituting Tobacco																						
<input type="checkbox"/> Packaging	<input type="checkbox"/> Labeling	<input type="checkbox"/> Saucing (or casing)																						
<input type="checkbox"/> Storing	<input type="checkbox"/> Testing	<input type="checkbox"/> Other (specify)																						



[Previous](#)

[Next](#)