

# TRLM

Tobacco Registration and Product Listing Module



» FURLS HOME  
» TRLM HOME

Get Help ?

« Back without Saving   Continue »  
« Cancel and Back to Main Menu   « Save Draft and Exit

**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

« Back without Saving   Continue »



Get Help ?

<< Back without Saving    Continue >>  
<< Cancel and Back to Main Menu    << Save Draft and Exit

## 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)\*:  ?

Country\*:  ▼

Address Line 1\*:

Address Line 2:

ZIP or Postal Code\*:  ?

City\*:  ▼

State, Province or Territory\*:  ▼

Owner Headquarters D&B DUNS Number (Enter only the 9-digit number, no dashes or other characters):

## OWNER POINT OF CONTACT

Title:  ▼

First / Given Name:

Middle Name:

Last Name:

Position Title:

Email Address:

Telephone (Include Country Code if applicable):  -  -  Ext.:

FAX:  -  -

<< Back without Saving    Continue >>  
<< Cancel and Back to Main Menu    << Save Draft and Exit



Get Help

<< Back without Saving

Continue >>

<< Cancel and Back to Main Menu

<< Save Draft and Exit

## 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 the name of each corporate officer and director\* :

Enter Name of the Individual :

>> Add Corporate Officer & Director

Identify State of incorporation :

Please describe further. (if applicable, give name of country if incorporation made outside U.S.) :

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

>> Add Another Business Name



Get Help ?

<< Back without Saving

Continue >>

<< Cancel and Back to Main Menu

<< Save Draft and Exit

## 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 Name of the Partner 1\* : M.E. Partner

Enter Name of the Partner 2\* : Bart Ner

>> Add Another Partner

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

Iam Owner

>> Add Another Business Name

<< Back without Saving

Continue >>

<< Cancel and Back to Main Menu

<< Save Draft and Exit



[Get Help ?](#)

[« Back without Saving](#)

[Continue »](#)

[« Cancel and Back to Main Menu](#)

[« Save Draft and Exit](#)

## 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](#)

[« Back without Saving](#)

[Continue »](#)

[« Cancel and Back to Main Menu](#)

[« Save Draft and Exit](#)



Get Help ?

<< Back without Saving   Continue >>  
<< Cancel and Back to Main Menu   << Save Draft and Exit

### SECTION IIIA REGISTRATION (Operator Information)

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

Autofill from Account Information ?

Operator Name\*:  ?

Address Line 1\*:

Address Line 2:

ZIP or Postal Code\*:  ?

City\*:

State, Province or Territory\*:

Operator D&B DUNS Number (Enter only the 9-digit number,  
no dashes or other characters):

### OPERATOR POINT OF CONTACT

Title:

First / Given Name:

Middle Name:

Last Name:

Position Title:

Email Address:

Telephone (Include Country Code if applicable):  -  -  Ext:

FAX:  -  -

<< Back without Saving   Continue >>  
<< Cancel and Back to Main Menu   << Save Draft and Exit





Get Help ?

<< Back without Saving

Continue >>

<< Cancel and Back to Main Menu

<< Save Draft and Exit

## SECTION III B 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 the name of each corporate officer and director\*:

Enter Name of the Individual :

>> Add Corporate Officer & Director

Identify State of incorporation :

Please describe further. (if applicable, give name of country if incorporation made outside U.S.):

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

>> Add Another Business Name

<< Back without Saving

Continue >>

<< Cancel and Back to Main Menu

<< Save Draft and Exit



Get Help ?

<< Back without Saving

Continue >>

<< Cancel and Back to Main Menu

<< Save Draft and Exit

## SECTION III B 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 Name of the Partner 1\* : M. E. Partner

Enter Name of the Partner 2\* : Bart Ner

>> Add Another Partner

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

>> Add Another Business Name

<< Back without Saving

Continue >>

<< Cancel and Back to Main Menu

<< Save Draft and Exit





Get Help

<< Back without Saving

Continue >>

<< Cancel and Back to Main Menu

<< Save Draft and Exit

## SECTION III B 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

<< Back without Saving

Continue >>

<< Cancel and Back to Main Menu

<< Save Draft and Exit



Get Help ?

[« Back without Saving](#) [Continue »](#)

[« Cancel and Back to Main Menu](#) [« Save Draft and Exit](#)

## SECTION IIIA&B Operator Information & Operator Business Structure

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

Operator Name	Address	Business Structure	
Opera Aiter	10 New Hampshire Avenue, Silver Spring, MD, US-20993	Corporation	

[» Add Another Operator](#)

[« Back without Saving](#) [Continue »](#)

[« Cancel and Back to Main Menu](#) [« Save Draft and Exit](#)



[Get Help ?](#)

[« Back without Saving](#)

[Continue »](#)

[« Cancel and Back to Main Menu](#)

[« Save Draft and Exit](#)

## 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](#)

Establishment Name\* :  ?

Address Line 1\* :

Address Line 2 :

ZIP or Postal Code\* :  ?

City\* :

State, Province or Territory\* :

Establishment D&B DUNS Number (Enter only the 9-digit number, no dashes or other characters):

Operation (Check all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Blending                          | <input type="checkbox"/> Packaging           | <input type="checkbox"/> Storing                               |
| <input type="checkbox"/> Manufacturing                     | <input type="checkbox"/> Labeling            | <input type="checkbox"/> Testing                               |
| <input checked="" type="checkbox"/> Reconstituting Tobacco | <input type="checkbox"/> Saucing (or casing) | <input type="checkbox"/> Other (specify): <input type="text"/> |

## ESTABLISHMENT POINT OF CONTACT

Title :

First / Given Name :

Middle Name :

Last Name :

Position Title :

Email Address :

Telephone (Include Country Code if applicable) :  -  -  Ext:

FAX :  -  -

[« Back without Saving](#)

[Continue »](#)

[« Cancel and Back to Main Menu](#)

[« Save Draft and Exit](#)



Get Help ?

## SECTION V PRODUCT LISTING

Establishment Name : Tobacco Company

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

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

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):

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)\*:

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Cigarettes | <input type="checkbox"/> Chewing Tobacco                      | <input type="checkbox"/> Dissolvables          |
| <input type="checkbox"/> Accessory Filters     | <input type="checkbox"/> Roll-Your-Own Tobacco                | <input type="checkbox"/> Roll-Your-Own Filters |
| <input type="checkbox"/> Dry Snuff             | <input type="checkbox"/> Moist Snuff                          | <input type="checkbox"/> Roll-Your-Own Paper   |
| <input type="checkbox"/> Snus                  | <input type="checkbox"/> Other (Specify) <input type="text"/> |  |

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

N/A

7. Flavor (Check applicable):

- Menthol
- None
- Other (Specify)



Get Help ?

<< Back without Saving

Continue >>

<< Cancel and Back to Main Menu

<< Save Draft and Exit

## SECTION V PRODUCT LISTING - ADVERTISING

Product Name : Acme Blue 100s

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 50 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 50 MB):  Browse...

Upload

<< Back without Saving

Continue >>

<< Cancel and Back to Main Menu

<< Save Draft and Exit



[Get Help ?](#)

[« Back without Saving](#)

[Continue »](#)

[« Cancel and Back to Main Menu](#)

[« Save Draft and Exit](#)

## SECTION V PRODUCT LISTING - ADVERTISING

**Product Name :** Acme Blue 100s

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)	
Magazine	Tobacco Monthly		06/01/2013		

[Add Advertising](#)

[« Back without Saving](#)

[Continue »](#)

[« Cancel and Back to Main Menu](#)

[« Save Draft and Exit](#)





Get Help ?

<< Back without Saving    Continue >>

<< Cancel and Back to Main Menu    << Save Draft and Exit

## SECTION V    PRODUCT LISTING - LABELING

Product Name : Acme Blue 100s

Universal Product Code(s) (UPC) : 221222122212, 456456456, 89820930

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

Each upload file is limited to 50 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) : Packaging ?

Title : Acme Blue 100s

Unique ID or Internal ID Number :

Date First Disseminated (mm/dd/yyyy) : 09/01/2013

Upload File (Maximum size for each file is 50 MB) :  Browse...

Upload

File Name	File Size (KB)	
<a href="#">Acme Blue 100s.xls</a>	14	<a href="#">Delete</a>

Product Has No Labeling

<< Back without Saving    Continue >>

<< Cancel and Back to Main Menu    << Save Draft and Exit



Get Help ?

« Back without Saving    Continue »

« Cancel and Back to Main Menu    « Save Draft and Exit

## SECTION V    PRODUCT LISTING - LABELING

**Product Name :** Acme Blue 100s

**Universal Product Code(s) (UPC) :** 221222122212, 456456456, 89820930

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)	
Packaging	Acme Blue 100s		09/01/2013	<a href="#">Acme Blue 100s.xls</a>	

Add Labeling

« Back without Saving    Continue »

« Cancel and Back to Main Menu    « Save Draft and Exit



Get Help ?

<< Back without Saving

Continue >>

<< Cancel and Back to Main Menu

<< Save Draft and Exit

## SECTION V PRODUCT LISTING - CONSUMER INFORMATION

Product Name : Acme Blue 100s

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

Each uploaded file is limited to 50 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 50 MB):  Browse...

Upload

Product Has No Consumer Information

<< Back without Saving

Continue >>

<< Cancel and Back to Main Menu

<< Save Draft and Exit



Get Help ?

« Back without Saving

Continue »

« Cancel and Back to Main Menu

« Save Draft and Exit



## SECTION V PRODUCT LISTING - CONSUMER INFORMATION

**Product Name :** Acme Blue 100s

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)	
Brochure	Teens and Smoking		09/01/2013		 

Add Consumer Information

« Back without Saving

Continue »

« Cancel and Back to Main Menu

« Save Draft and Exit



Get Help ?

<< Back to Product List without Saving    Continue to Product Listings >>  
<< Cancel and Back to Main Menu    Print Submission

## PRODUCT LISTING

### PRODUCT INFORMATION EDIT

TP Number :  
Product Name : Acme Blue 100s  
Product Identification Number :  
Type of Product Identification Number :  
Intended Use of Product : Consumer Use  
Consumer Use Product Category : Cigarettes  
Flavor : Menthol

### ADVERTISING EDIT

Type of Advertising Material	Title	Unique ID or Internal ID Number	Date First Disseminated	Uploaded File(s)
Magazine	Tobacco Monthly		06/01/2013	

### LABELING EDIT

Universal Product Code(s) (UPC) : 221222122212, 456456456, 89820930


Type of Labeling Material	Title	Unique ID or Internal ID Number	Date First Disseminated	Uploaded File(s)
Packaging	Acme Blue 100s		09/01/2013	<a href="#">Acme Blue 100s.xls</a>

### CONSUMER INFORMATION EDIT

Type of Consumer Material	Title	Unique ID or Internal ID Number	Date First Disseminated	Uploaded File(s)
Brochure	Teens and Smoking		09/01/2013	

<< Back to Product List without Saving    Continue to Product Listings >>  
<< Cancel and Back to Main Menu    Print Submission



[Get Help](#) 

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

In order to receive notifications, please configure your email spam/junk to allow messages from [ctprelist@fda.hhs.gov](mailto:ctprelist@fda.hhs.gov).

[« Back to Main Menu](#)

[Print Submission](#)





[Get Help ?](#)

[« Discard Draft](#) | [« Save Draft and Exit](#) | [Continue to Submit »](#)  
[« Cancel and Back to Main Menu](#) | [Print Draft Registration](#)

## 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):** I.M. Owner  
**Address Line1:** 10903 New Hampshire Ave  
**Address Line2:**  
**City:** Silver Spring **State, Province or Territory:** MD  
**ZIP or Postal Code:** 20903 **Country:** US  
**Owner Headquarters D&B DUNS Number:**

### Owner Point of Contact:

**Title:**  
**Full Name:** Susie Contact  
**Position Title:** Owner's Contact Person  
**Email Address:** scontact@fda.gov  
**Phone Number (Include Area/Country Code):** 888 4636332  
**Fax Number (Include Area/Country Code):**

### Owner Business Structure:

**Type of Business Structure:** Partnership  
**Names of the Partners:**  
M.E. Partner  
Bart Ner  
**If the owner does business by any other name, please list all such names:**  
Iam Owner

## SECTION IIIA - REGISTRATION (Operator Information)

[EDIT](#)

Operator Name	Address
Opera Aiter	10 New Hampshire Avenue, Silver Spring, MD, US-20993

## SECTION IIIB - REGISTRATION (Operator Business Structure)

[EDIT](#)

Operator Name	Type of Business
Opera Aiter	Corporation

## SECTION IV - REGISTRATION (Establishment Information)

[EDIT](#)

Establishment Name	Address
Tobacco Company	123 Tobacco Road, Sugar Grove, NC, US-28679

## SECTION V - PRODUCT LISTING

[EDIT](#)

Product Name	Product Category	Product Identification Number	Product Identification Number Type	Possible Duplicate
Acme Blue 100s	Cigarettes			No

[« Discard Draft](#) | [« Save Draft and Exit](#) | [Continue to Submit »](#)