



## 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

- 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

6. Further Manufacturing Use Product Category (Check applicable)

N/A

7. Flavor (Check applicable)

- Menthol     None     Other (Specify)

Previous

Next

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



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### Section IV - Registration (Establishment Information)

Enter registration and contact information for each establishment being registered.

| Establishment Information   | Establishment Point of Contact <i>(Optional)</i>  |   |  |   |                                    |                                   |  |                                  |                                  |   |
|---|---|---|--|---|------------------------------------|-----------------------------------|--|----------------------------------|----------------------------------|---|
| <p><b>Establishment Name</b></p> <input type="text" value="High Class Vape Lounge"/><br><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>Title</b></p> <input type="text" value="Mrs."/><br><input type="button" value="v"/>   |   |  |   |                                    |                                   |  |                                  |                                  |   |
| <p><b>Address Line 1</b></p> <input type="text" value="1234 Main St"/>  | <p><b>First / Given Name</b></p> <input type="text" value="Danita"/>  |   |  |   |                                    |                                   |  |                                  |                                  |   |
| <p><b>Address Line 2 <i>(Optional)</i></b></p> <input type="text" value="Optional"/>  | <p><b>Middle Name</b></p> <input type="text" value="Optional"/>   |   |  |   |                                    |                                   |  |                                  |                                  |   |
| <p><b>ZIP or Postal Code</b></p> <input type="text" value="21703"/><br><small>Please enter valid Zip code</small>   | <p><b>Last Name</b></p> <input type="text" value="Dixon"/>  |   |  |   |                                    |                                   |  |                                  |                                  |   |
| <p><b>City</b></p> <input type="text" value="Frederick"/><br><input type="button" value="v"/>   | <p><b>Position Title</b></p> <input type="text" value="Analyst"/>   |   |  |   |                                    |                                   |  |                                  |                                  |   |
| <p><b>State, Province or Territory</b></p> <input type="text" value="Maryland"/><br><input type="button" value="v"/>  | <p><b>Email Address</b></p> <input type="text" value="danita.dixon@fda.hhs.gov"/>   |   |  |   |                                    |                                   |  |                                  |                                  |   |
| <p><b>Establishment D&amp;B DUNS Number <i>(Optional)</i></b></p> <input type="text" value="Optional"/>   | <p><b>Telephone <i>(Include Country Code if applicable)</i></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> | <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="Phone Number"/>       | <input type="text" value="Ext"/>       |   |                                    |                                   |  |                                  |                                  |   |
| Country   | Area  | Phone Number                                    | Extension                              |   |                                    |                                   |  |                                  |                                  |   |
|   | <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>  | <input type="text" value="001"/>                | <input type="text" value="Area"/>      | <input type="text" value="Fax Number"/>         | Country                            | Area                              | Fax Number                                   |                                  |                                  |   |
| <input type="text" value="001"/>  | <input type="text" value="Area"/>   | <input type="text" value="Fax Number"/>         |  |   |                                    |                                   |  |                                  |                                  |   |
| Country   | Area  | Fax Number                                      |  |   |                                    |                                   |  |                                  |                                  |   |
| <p><b>Is this establishment an Electronic Nicotine Delivery System (ENDS) Retail Establishment? <i>(Optional)</i></b></p> <input type="text" value="Yes"/><br><input type="button" value="v"/>  |   |   |  |   |                                    |                                   |  |                                  |                                  |   |
| <p><b>Operation <i>(Check all that apply) (Optional)</i></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 <i>(specify)</i></td> </tr> </table> |   | <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 <i>(specify)</i> |
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| <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 <i>(specify)</i> |  |   |                                    |                                   |  |                                  |                                  |   |

Please Select

Yes

No

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