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SECTION IIA REGISTRATION (Owner Inf	formation)	
SECTION IIA REGISTRATION (OWNER III	or mation,	
An item followed by an asterisk (*) denotes a requ		
Ourse Name (Name of the Commention / Both such in sec		
Owner Name (Name of the Corporation / Partnership or Individual Owner)*:	I.M. Owner	
Country*:	UNITED STATES]
Address Line 1*:	10903 New Hampshire Avenue	
Address Line 2:		
ZIP or Postal Code*:	20993	
City*:	Silver Spring	
State, Province or Territory*:		
Owner Headquarters D&B DUNS Number (Enter only the 9-	No. of the last of	
digit number, no dashes or other characters):		
OWNER POINT OF CONTACT		
Title :	Please Select ▼	
First / Given Name :	· · · · · · · · · · · · · · · · · · ·	
Middle Name :		
Last Name :		
	Owner's Contact Person	
	scontact@fda.gov	
Telephone (Include Country Code if applicable):	- 888 - 4636332 Ext:	
FAX:		
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SECTION IIB REGISTI	RATION (Owner Business Structure)	
An item followed by an aster	risk (*) denotes a required field.	
Select the type of business structure ar	d provide indicated information:*	
C Sole Proprietorship C Partnershi	p © Corporation	
inter the name of each corporate office	r and director*:	
Enter Name of the Individual : Di Recto	A THE PARTY OF THE	
>> Add Corporate Officer & Director		
Identify State of incorporation :		
District of Columbia	▼	
Please describe further. (If applicable, gi	ve name of country if incorporation made outside U.S.):	
If the owner does business by any other r	name place list all such names :	
lam Owner	iante, preade not an outil fiantes .	
>> Add Another Business Name		





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SECTION IIB REGISTR	ATION (Owner Business Structure)	
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SECTION IIB REGIST	RATION (Owner Business Structure)	
An item followed by an aste	erisk (*) denotes a required field.	
Select the type of business structure a	nd provide indicated information:*	
Sole Proprietorship		
Enter Owner Name* : I.M. Owner		
If the owner does business by any other lam Owner	name, please list all such names :	
>> Add Another Business Name		
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» FURLS HOME
» TRLM HOME

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SECTION IIIA REGISTRATION (Operator	Information)		
An item followed by an asterisk (*) denotes a	required field.		
		Autofill from Account Information ②	
Operator Name*:	Opera Aiter	•	
Address Line 1*:	10903 New Hampshire Avenue		
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 :	Please Select ▼		
First / Given Name :			
	*		
Middle Name :			
Last Name :			
Position Title:			
Email Address :			
Telephone (Include Country Code if applicable):	Ext:		
FAX:			
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SECTION IIID KE	oral reality (operator business structure)	
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Select the type of business struct	rure and provide indicated information:*	
C Sole Proprietorship © Par		
Solie Proprietoratilp Solia	unership Corporation	
Enter Name of the Partner 1* : M.	E. Partner	
Enter Name of the Partner 1*: M. Enter Name of the Partner 2*: Ba		
Enter Name of the Partner 1*: M. Enter Name of the Partner 2*: Ba >> Add Another Partner		
Enter Name of the Partner 2*: Ba >> Add Another Partner	rt Ner	
Enter Name of the Partner 2*: Ba >> Add Another Partner		
Enter Name of the Partner 2*: Ba >> Add Another Partner	rt Ner	
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Autofill from Operator Information Establishment Name*: Tobacco Company Address Line 1*: 123 Tobacco Road Address Line 2:	em followed by an asterisk (*) denotes a required field. r registration and contact information for each establishment being registered. Autofill from Operator Information Establishment Name*: Tobacco Company @ Address Line 1*: 123 Tobacco Road Address Line 2*: ZIP or Postal Code*: 28679 @ City*: Sugar Grove State, Province or Territory*: North Carolina number, no dashes or other characters); number, no dashes or other characters); neck all that apply): ng		vithout Saving Continue >>	
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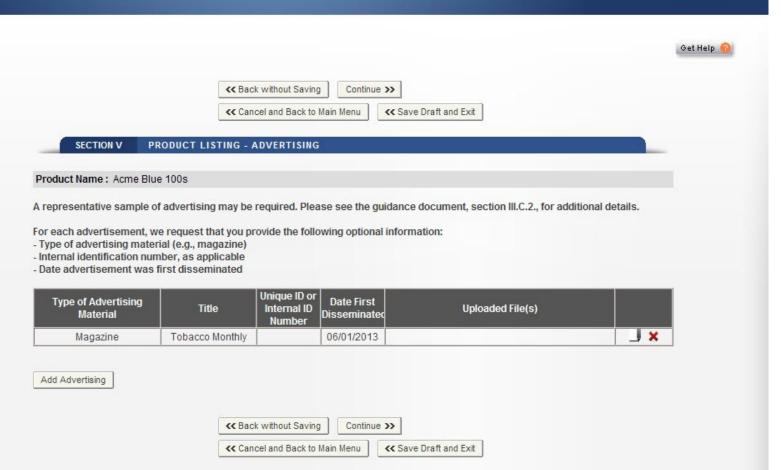
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SECTION V PR	RODUCT LISTING	
Establishment Name: Toba	cco Company	
An item followed by an	asterisk (*) denotes a required field.	
Manually enter product	information or upload product listing(s) from	,
		Upload Product Listing(s) From File >>
Product Name* (i.e., brand Reconstituted Tobacco #202)	/sub-brand or other commercial name used in commer):	cial distribution - e.g., Acme Blue 100's or Acme
Acme Blue 100's		
Product Identification Numl	ber (Must be provided if needed to uniquely identify the	product) :
L		
3. Type of Product Identification	n Number (Select one) :	
C Item/Catalog Number		
C SKU Number		
C UPC Number		
4. Intended Use of Product (S	elect One)*:	
Consumer Use	C Further Manufacturing Use	
5. Consumer Use Product Ca	ategory (Check applicable)* :	
	☐ Chewing Tobacco	Dissolvables
Accessory Filters	Roll-Your-Own Tobacco	Roll-Your-Own Filters
☐ Dry Snuff	☐ Moist Snuff	Roll-Your-Own Paper
□ Snus	Other (Specify)	
6 Further Manufacturing Use	Product Category (Check applicable)*:	
N/A		
N/A		
N/A 7. Flavor (Check applicable):		
N/A 7. Flavor (Check applicable): ✓ Menthol		
N/A 7. Flavor (Check applicable):		
N/A 7. Flavor (Check applicable): ☑ Menthol □ None		
N/A 7. Flavor (Check applicable): ☑ Menthol □ None	Sack without Saving Continue >>	





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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.
	lote: If the upload time exceeds 30 minutes, the system will t	
For each advertisement, we request that you particle. Type of advertising material (e.g., magazine) - Internal identification number, as applicable - Date advertisement was first disseminated	rovide the following optional information:	
Type of Advertising Material (e.g., magazine ad):	Magazine	
Title :	Tobacco Monthly	
Unique ID or Internal ID Number:		
Date First Disseminated (mm/dd/yyyy):	06/01/2013	3
Upload File (Maximum size for each file is 50 MB):		Browse
	Upload	
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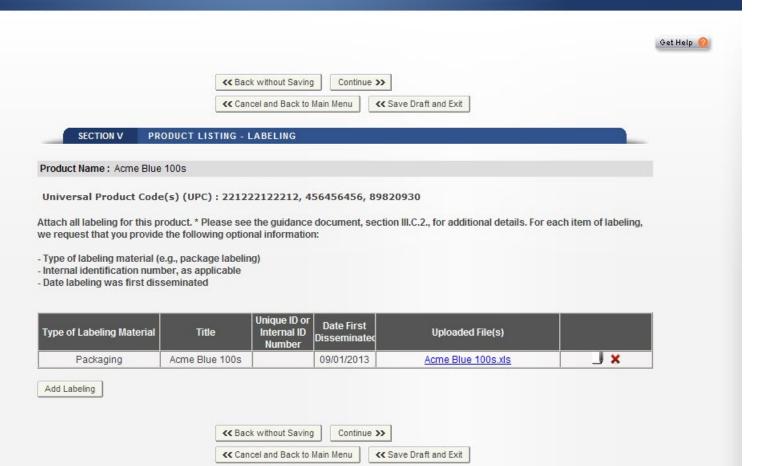






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SECTION V PRODUCT LISTING - LABELING		
Product Name: Acme Blue 100s		
Universal Product Code(s) (UPC) : 22	21222122212, 456456456, 89820930	
Attach all labeling for this product. * Please see the guidar	nce document, section III.C.2., for additional details.	
Each upload file is limited to 50 MB. Please Note: If the uplo	oad time exceeds 30 minutes, the system will time out.	
For each item of labeling, we request that you provide the a -Type of labeling material (e.g., package labeling) - Internal identification number, as applicable - Date labeling was first disseminated	following optional information:	
Type of Labeling Material (e.g., package label) : P	ackaging	3
Title: A	cme Blue 100s	
Unique ID or Internal ID Number :		
Date First Disseminated (mm/dd/yyyy): 05	9/01/2013	
Upload File (Maximum size for each file is 50 MB) :		Browse
	Upload	
File Name	File Size (KB)	
Acme Blue 100s.xls	14 <u>Delete</u>	
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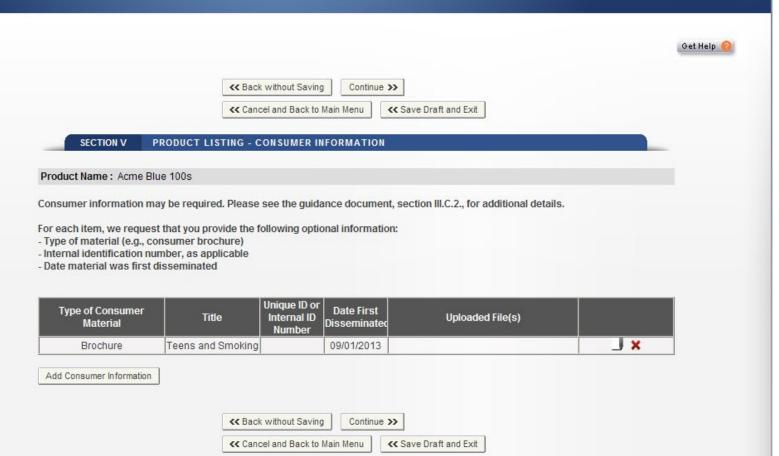






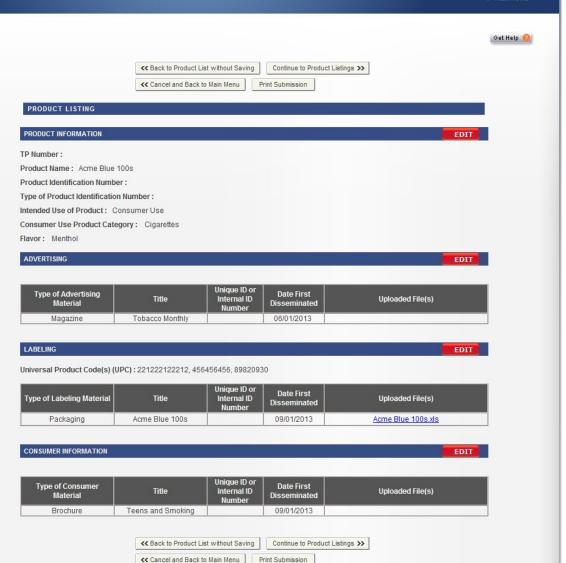
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each item, we request that you pr ype of material (e.g., consumer bro ternal identification number, as ap ate material was first disseminate	chure) plicable	nal informa	tion:			
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	Title:					
Unique ID or	Internal ID Number :					
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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 ctpreglist@fda.hhs.gov.

<< Back to Main Menu

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