

Validation Tool 2.0

Landing Page –

Product Form Validator Tool

Checks Tobacco Product Data Forms

Form 4057b
OMB Control No. 0910-0879
Expiration Date: xx/xx/20xx
See PRA Statement on bottom of page

Form 3965b
OMB Control No. 0910-0673
Expiration Date: xx/xx/20xx

Step 1 No File Selected

Step 2 Validation Status

Step 3

This section applies only to requirements of the Paperwork Reduction Act of 1995.
DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF ADDRESS BELOW.
The burden time for this collection of information is estimated to average 5 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information.
Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to the following email address:
For PRA questions:
PRASStaff@fda.hhs.gov
OMB Statement: "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 number."

FDA CENTER FOR TOBACCO PRODUCTS Application Logs | Version 2.0

PMTA Success Path:

File Upload:

Product Form Validator Tool

Checks Tobacco Product Data Forms

Form 4057b
OMB Control No. 0910-0879
Expiration Date: xx/xx/20xx
See PRA Statement on bottom of page

Form 3965b
OMB Control No. 0910-0673
Expiration Date: xx/xx/20xx

Step 1 Tobacco Company ABC.xlsx

Step 2 Validation Status

Step 3

This section applies only to requirements of the Paperwork Reduction Act of 1995.
DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF ADDRESS BELOW.
The burden time for this collection of information is estimated to average 5 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information.
Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to the following email address:
For PRA questions:
PRASStaff@fda.hhs.gov
OMB Statement: "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 number."

FDA CENTER FOR TOBACCO PRODUCTS Application Logs | Version 2.0

Validate File:

Product Form Validator Tool

Checks Tobacco Product Data Forms

Form 4057b
OMB Control No. 0910-0879
Expiration Date: xx/xx/20xx
See PRA Statement on bottom of page

Form 3965b
OMB Control No. 0910-0673
Expiration Date: xx/xx/20xx

Step 1 Choose File Tobacco Company ABC.xlsx

Step 2 Validate File **Validation Successful**

Step 3 Completion Certificate

This section applies only to requirements of the Paperwork Reduction Act of 1995.
DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF ADDRESS BELOW.
The burden time for this collection of information is estimated to average 5 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information.
Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to the following email address:
For PRA questions:
PRAStaff@fda.hhs.gov
OMB Statement: "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 number."

FDA CENTER FOR TOBACCO PRODUCTS Application Logs | Version 2.0

OK:

Product Form Validator Tool

Checks Tobacco Product Data Forms

Form 4057b
OMB Control No. 0910-0879
Expiration Date: xx/xx/20xx
See PRA Statement on bottom of page

Form 3965b
OMB Control No. 0910-0673
Expiration Date: xx/xx/20xx

Step 1 Choose File Tobacco Company ABC.xlsx

Step 2 Validate File **Validation Successful**

Step 3 Completion Certificate

This section applies only to requirements of the Paperwork Reduction Act of 1995.
DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF ADDRESS BELOW.
The burden time for this collection of information is estimated to average 5 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information.
Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to the following email address:
For PRA questions:
PRAStaff@fda.hhs.gov
OMB Statement: "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 number."

FDA CENTER FOR TOBACCO PRODUCTS Application Logs | Version 2.0

Click Completion Certificate:

Product Form Validator Tool

Checks Tobacco Product Data Forms

Form 4057b
OMB Control No. 0910-0879
Expiration Date: xx/xx/20xx
See PRA Statement on bottom of page

Form 3965b
OMB Control No. 0910-0673
Expiration Date: xx/xx/20xx

Step 1 Tobacco Company ABC.xlsx

Step 2 **Successful**

Step 3

This section applies only to requirements of the Paperwork Reduction Act of 1995
 DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF ADDRESS BELOW.
 The burden time for this collection of information is estimated to average 5 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information.
 Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to the following email address:
 For PRA questions:
 PRA@hhs.gov
 OMB Statement: "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 number."

PDA CENTER FOR TOBACCO PRODUCTS Application Logs | Version 2.0

PMTA Certificate:



SE Success Path –

Same Screenshots as Above, Certificate is different.

Certificate of Form 3965b Validation

THIS ACKNOWLEDGES THAT

Test's

Successful Validation: Nov 5, 2024, 1:34:50 PM

Form 3965b Tobacco Substantial Equivalence Product Grouping Spreadsheet

File Name: Tobacco Company ABC.xlsx
Product Category: Cigars
Subcategory: Cigar Tobacco Filler
Total Products: 1

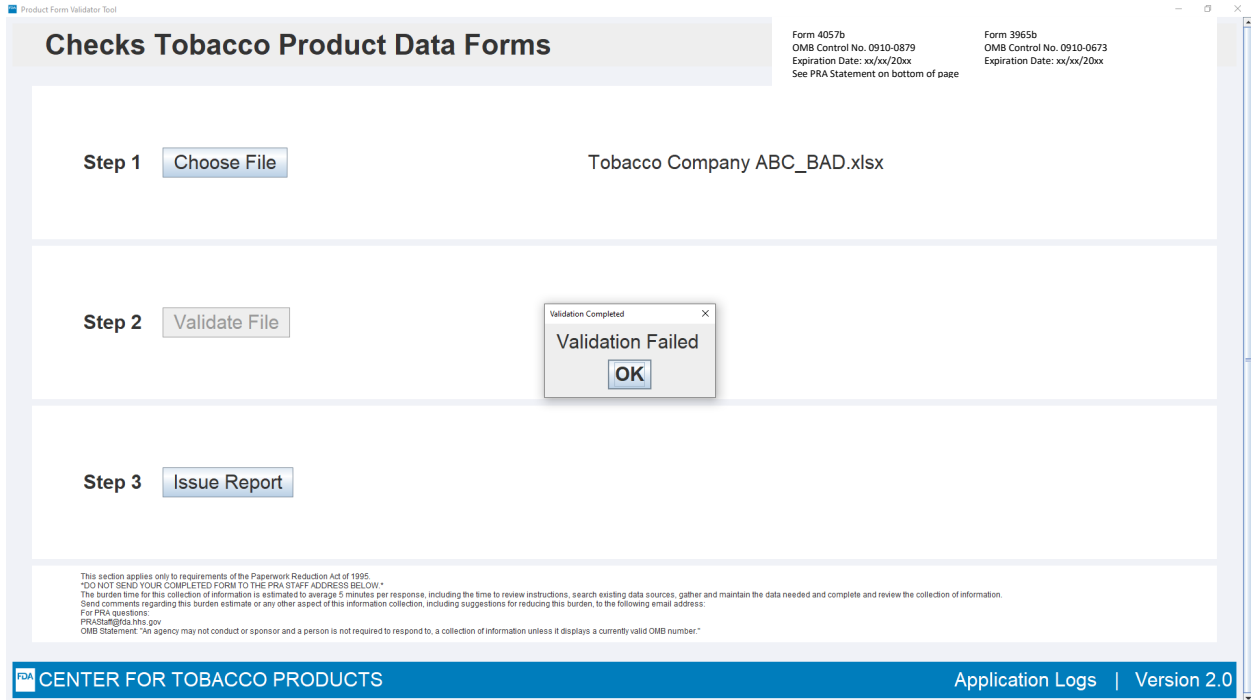
Validator Version: 2.0
Spreadsheet Version: 1.0

Nov 05, 2024

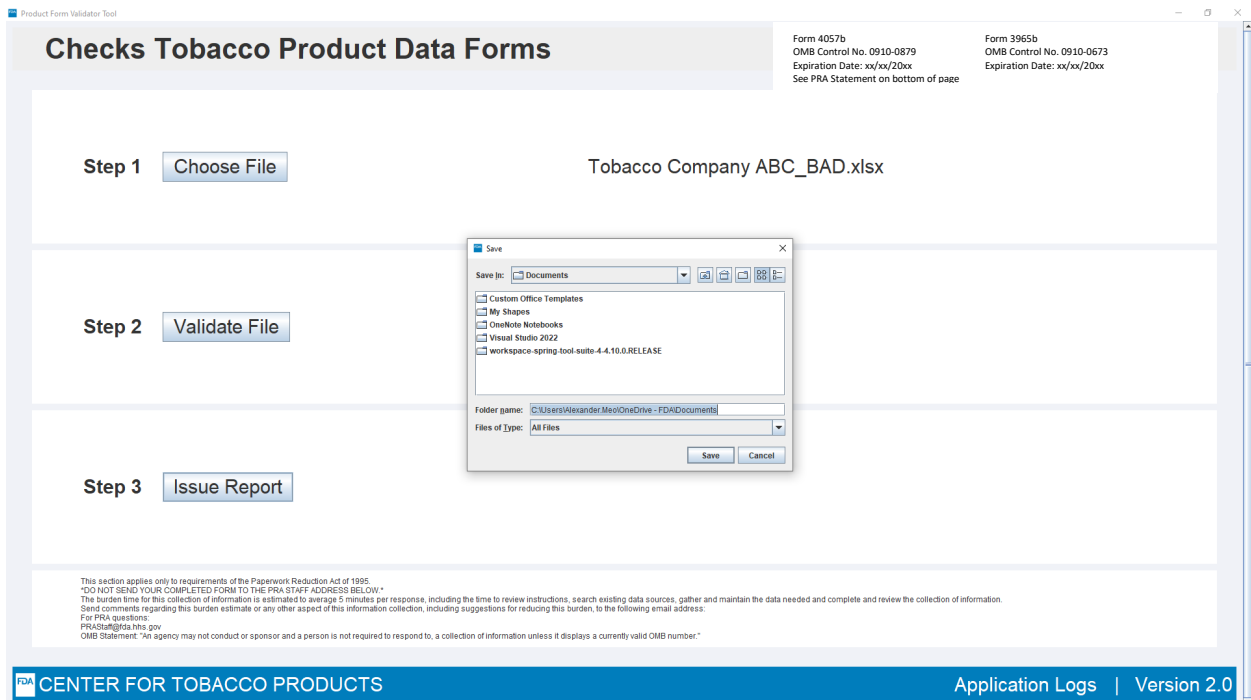
If you modify form 3965b after this validation Nov 5, 2024, 1:34:50 PM, you should complete an additional validation

Successful validation does not mean your application contains all elements required for acceptance of your application per 21 CFR 1105.10 and 21 CFR 1114.5

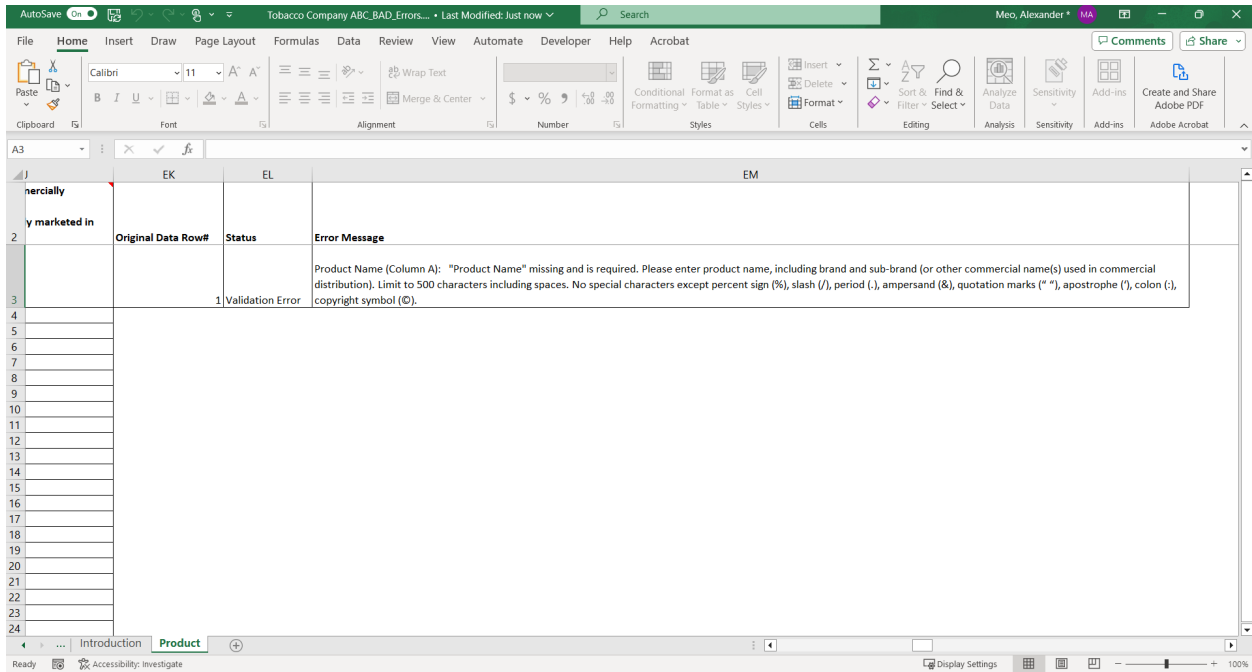
File Fails Validation:



Issue Error Report:

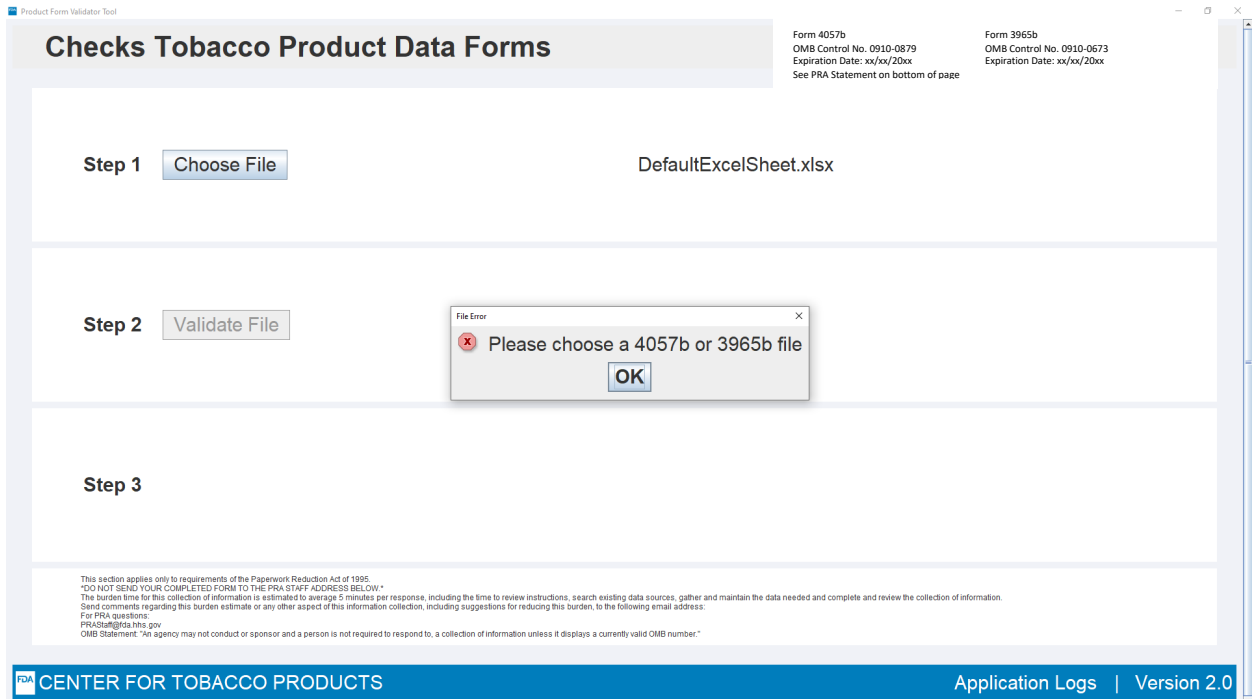


Error Report Example:



Error Messages:

Wrong Excel File-



Wrong PMTA Version –

Product Form Validator Tool

Checks Tobacco Product Data Forms


Form 4057b
OMB Control No. 0910-0879
Expiration Date: xx/xx/20xx
See PRA Statement on bottom of page

Form 3965b
OMB Control No. 0910-0673
Expiration Date: xx/xx/20xx

Step 1 Tobacco Company ABC.xlsx

Step 2

File Error

 The version of the 4057b spreadsheet needs to be 3.1.

Step 3

This section applies only to requirements of the Paperwork Reduction Act of 1995.
DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF ADDRESS BELOW.
The burden time for this collection of information is estimated to average 5 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information.
Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to the following email address:
For PRA questions:
PRA@hhs.gov
OMB Statement: "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 number."

PDA CENTER FOR TOBACCO PRODUCTS Application Logs | Version 2.0

Wrong SE Version –

Product Form Validator Tool

Checks Tobacco Product Data Forms


Form 4057b
OMB Control No. 0910-0879
Expiration Date: xx/xx/20xx
See PRA Statement on bottom of page

Form 3965b
OMB Control No. 0910-0673
Expiration Date: xx/xx/20xx

Step 1 Tobacco Company ABC.xlsx

Step 2

File Error

 The version of the 3965b spreadsheet needs to be 1.0.

Step 3

This section applies only to requirements of the Paperwork Reduction Act of 1995.
DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF ADDRESS BELOW.
The burden time for this collection of information is estimated to average 5 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information.
Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to the following email address:
For PRA questions:
PRA@hhs.gov
OMB Statement: "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 number."

PDA CENTER FOR TOBACCO PRODUCTS Application Logs | Version 2.0

File is in Use –

Checks Tobacco Product Data Forms

Form 4057b
OMB Control No. 0910-0879
Expiration Date: xx/xx/20xx
See PRA Statement on bottom of page


Form 3965b
OMB Control No. 0910-0673
Expiration Date: xx/xx/20xx

Step 1

Tobacco Company ABC.xlsx

Step 2

File Error

 Please close the Excel file, as the file is in use and cannot be read.

Step 3

This section applies only to requirements of the Paperwork Reduction Act of 1995.
DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF ADDRESS BELOW.
The burden time for this collection of information is estimated to average 5 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information.
Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to the following email address:
For PRA questions:
PRA.comments@hhs.gov
OMB Statement: "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 number."