

Recommended Cigarette Ingredient Reporting Format - FCLAA  
Please attach additional pages if necessary

Date \_\_\_\_\_

Office on Smoking and Health  
Attn. FCLAA Program Manager  
4770 Buford Hwy., NE, MS S107-7  
Atlanta, GA 30341-3717

This ingredient report is being submitted pursuant to the Federal Cigarette Labeling and Advertising Act (FCLAA), 15 U. S. C. §1335a.

Company Name(s)\* \_\_\_\_\_

\_\_\_\_\_

Brand(s)<sup>t</sup> \_\_\_\_\_

\_\_\_\_\_

\*If this Ingredient Report is submitted by a designated individual or entity on behalf of a cigarette manufacturer, packager, or importer, the form must specify on whose behalf the submission is being made.

<sup>t</sup>Inclusion of the brand name and product type for ingredients is not required under FCLAA.

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Ingredient Name

¶ CAS Registry Number§