

**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(a).

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

\_\_\_\_\_

**Brand(s)†** \_\_\_\_\_

\_\_\_\_\_

\*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.

†Inclusion of the brand name and product type for ingredients is not required under FCLAA.

Form Approved  
OMB No.  
0920-0210 Exp.  
04/30/2022

¶ Ingredient Name

¶ CAS Registry Number§