



STATE OF MARYLAND  
OFFICE OF THE ATTORNEY GENERAL

**BRAND FAMILY IDENTIFICATION FORM**

*Complete a copy of this form for each Brand Family of cigarettes and Roll-Your-Own tobacco that the Manufacturer is submitting for certification in the State of Maryland.*

- A. Name of Brand Family: \_\_\_\_\_
- B. Trademark Information:
1. Provide the Trademark Registration number assigned by the United States Patent and Trademark Office for this brand. Reg. # \_\_\_\_\_
  2. Identify the owner of the trademark of this brand. \_\_\_\_\_
  3. If the brand owner is not the certifying TPM, is the owner an affiliate of the certifying TPM?  Yes.  No.
    - a. If Yes, indicate the relationship between the owner and the certifying TPM.
    - b. If No, provide a copy of all manufacturing or licensing agreements that grant the TPM the right to manufacture and/or market the brand in the United States.
  4. If the brand is not registered with the USPTO, provide the legal basis for the TPM's assertion of ownership over the brand.
- C. Styles of this brand family have been certified by the Office of the Comptroller as Fire Safety Standards Compliant within the past three years, pursuant to Md. Code Ann., Bus. Reg. §§ 16-601 *et. seq.*  Yes  No  N/A
- D. The Federal Trade Commission has approved the health warning rotation plan for each cigarette style of this brand family.  Yes  No  N/A
- E. The Centers for Disease Control and Prevention has approved the ingredient listing for this brand family of cigarettes.  Yes  No  N/A
- F. Provide a physical or digital representation of the packaging for each brand style.

