



**PACT Act Application
for Consumer Testing or Public Health Exception**

Eligibility Number: _____ (USPS entry only – issued by PCSC upon approval of application).

Consumer Testing or Public Health: The Prevent All Cigarette Trafficking (PACT) Act permits a legally operating cigarette manufacturer or an authorized agent of a legally operating cigarette manufacturer to mail cigarettes to verified adult smokers solely for consumer testing purposes. The PACT Act also permits the mailing of cigarettes under similar conditions by federal government agencies engaged in the consumer testing of tobacco products solely for public health purposes. **The PACT Act does not permit the mailing of smokeless tobacco or electronic nicotine delivery systems for these purposes.** Permitted consumer-testing mailings of cigarettes are subject to the conditions of Publication 52, *Hazardous, Restricted, and Perishable Mail*, available at <https://pe.usps.com>.

Privacy Notice: For information regarding our privacy policies, visit www.usps.com/privacypolicy.

Section A. Application — Sender information for Business Entities

Answer the following questions. Please use additional sheets if necessary.

1. Names of the manufacturer, agent of a manufacturer, or federal agency:

a. For an agent of a manufacturer, describe the relationship with the manufacturer:

2. Street address:

a. Mailing address (if different from street address):

3. City, State, ZIP Code™:

4. Information about the agent or employee completing the application and alternate contact:
 - a. Name and title:

 - b. Telephone number (include area code):

 - c. E-mail address:

 - d. Name and title of alternate contact person:

 - e. Telephone number (include area code):

 - f. E-mail address:

5. Applicant business information (not applicable to federal agencies):
 - a. Furnish a copy of the manufacturer’s current permit issued under 26 U.S.C. § 5713. Attach copies of all necessary documentation to demonstrate that the manufacturer’s permit is in good standing.
 - b. If the applicant is an agent, provide proof of the agency relationship between the applicant and the cigarette manufacturer.
6. Specify all Post Office™ locations (City, State, ZIP Code) where cigarettes will be presented:

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7. By signing and submitting this form, the applicant certifies the following in connection with any mailings made under the consumer testing or public health exception:
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- a. Any recipient of consumer testing samples of cigarettes will be an adult established smoker.
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- b. No recipient has made or will make any payment for the cigarettes.
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- c. Every recipient will sign a statement indicating that the recipient wishes to receive the mailings.
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- e. The manufacturer, manufacturer's legally authorized agent, or federal agency will offer the opportunity for any recipient to withdraw the recipient's written statement at least once in every 3-month period.
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- f. Any package mailed under this exception will contain no more than 12 packs of cigarettes (maximum of 240 cigarettes) on which all taxes levied on the cigarettes by the state and locality of delivery have been paid and all related state tax stamps or other tax-payment indicia have been applied.
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- g. The manufacturer or federal agency will maintain records establishing compliance with these obligations for a 6-year period from the date of each mailing.
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I certify that I have authority to bind the entity covered by this application, that the statements made by me are true and complete, and that I am fully authorized to make all necessary representations on behalf of the organization that is the subject of this application. I understand that anyone who furnishes false or misleading information on this form or who omits material information requested on the form may be subject to criminal penalties (including fines and imprisonment), civil damages and penalties, and denial of mailing privileges. Among other things, this certification includes the fact that all relevant licenses and permits have been provided with the application, and that the entity on whose behalf I am applying is not lacking any relevant license or permit.

My signature certifies that I and the entity on whose behalf I am applying agree to update any information in this application and abide by all Postal Service™ regulations. This includes an obligation to furnish any renewals, modifications, or revocations of licenses or permits not later than 15 days after receiving notice from the licensing or permitting authority.

Signature of Applicant:

Title:

Date (MM/DD/YYYY):

Section B. Instructions and General Information

- All information entered must be legible so that our records show the correct information about your organization.
- Each complete name of the organization must be shown in item 1. The name shown must agree with the name that appears on documents submitted to support this application.
- A complete address representing a physical location for the organization must be shown in item 2. If you receive mail through a Post Office Box™, list your street address first in item 2 and use an alternate address for the Post Office Box in item 2a.
- Review the application for completeness. If the answer to a question is on an attachment, please enter "attachment." If a question does not apply, please enter "NA" in the applicable field.
- Send the application and all supporting documentation to MDA@usps.gov. All applications, licenses, and supporting documentation should be submitted in PDF format with appropriate exhibit notation based upon the corresponding application field (e.g., 7a, 7b).

Note: Failure to provide complete and accurate information may result in delays in processing or rejection of your application.
