



## PACT Application for Consumer Testing/ Public Health Exception

Eligibility Number: \_\_\_\_\_ (USPS entry only - issued by PCSC upon approval of application.)

**Consumer Testing Purposes:** 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 manufacturers for which mailings are entered under this exception must have a permit in good standing issued under 26 U.S.C. § 5713. Such mailings are subject to the conditions of *Mailing Standards of the United States Postal Service, Domestic Mail Manual* (DMM®), sections 601.11.7.1 to 601.11.7.3 (for cigarette manufacturers and their agents), and 601.11.8 (for federal government agencies involved in consumer testing of tobacco products solely for public health purposes).

### Section A — Applicant

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

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

1b. For agent of a manufacturer, describe relationship with the manufacturer:

2. Street address:

2a. Mailing address (if different from street address):

3. City, State, ZIP Code:

4. Information about agent/employee completing the application:

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 information:

a. Furnish proof in the form of documentary evidence that the cigarette manufacturer for which mailings are to be entered under this exception has a permit in good standing issued under 26 U.S.C. § 5713. Attach copies of all supporting documentation.

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.

7. By signing and submitting this form, applicant certifies the following in connection with any mailings made under the consumer testing/public health exception.

a. Any recipient of consumer testing samples of cigarettes is an adult established smoker.

b. No recipient has made any payment for the cigarettes.

c. Every recipient will sign a statement indicating that the recipient wishes to receive the mailings.

d. The manufacturer or the legally authorized agent of the manufacturer will offer the opportunity for any recipient to withdraw the recipient's written statement at least once in every 3-month period.

7. (continued)

- e. Any package mailed under this exception will contain not 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.
- f. The manufacturer will maintain records establishing compliance with these obligations for a 3-year period from the date of each mailing.

**I certify that I have authority to bind the entity covered by this application and 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 sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).**

**Applicant agrees to update any information in this application and abide by all Postal Service regulations.**

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.
- The complete names of the organization must be shown in item 1. The names shown must agree with the names that appear on all 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 alternate address for the PO Box in item 2a.
- Review the application for completeness.
- Send the application and all supporting documentation to the address below for Pricing and Classification Service Center (PCSC). For further information or questions, contact PCSC at 212-330-5300.

MANAGER – PACT MAILING OFFICE  
USPS – PRICING AND CLASSIFICATION SERVICE CENTER  
90 CHURCH STREET, STE 3100  
NEW YORK NY 10007-2951

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

### Section C. For USPS Use Only

Date Received by PCSC (MM/DD/YYYY)

PCSC Reviewer's Initials:

Approved \_\_\_\_\_

Date (MM/DD/YYYY):

USPS Eligibility Number Assigned:

Denied \_\_\_\_\_

Date (MM/DD/YYYY):

Reason:

**Privacy Notice:** See our Policy on [www.usps.com](http://www.usps.com).