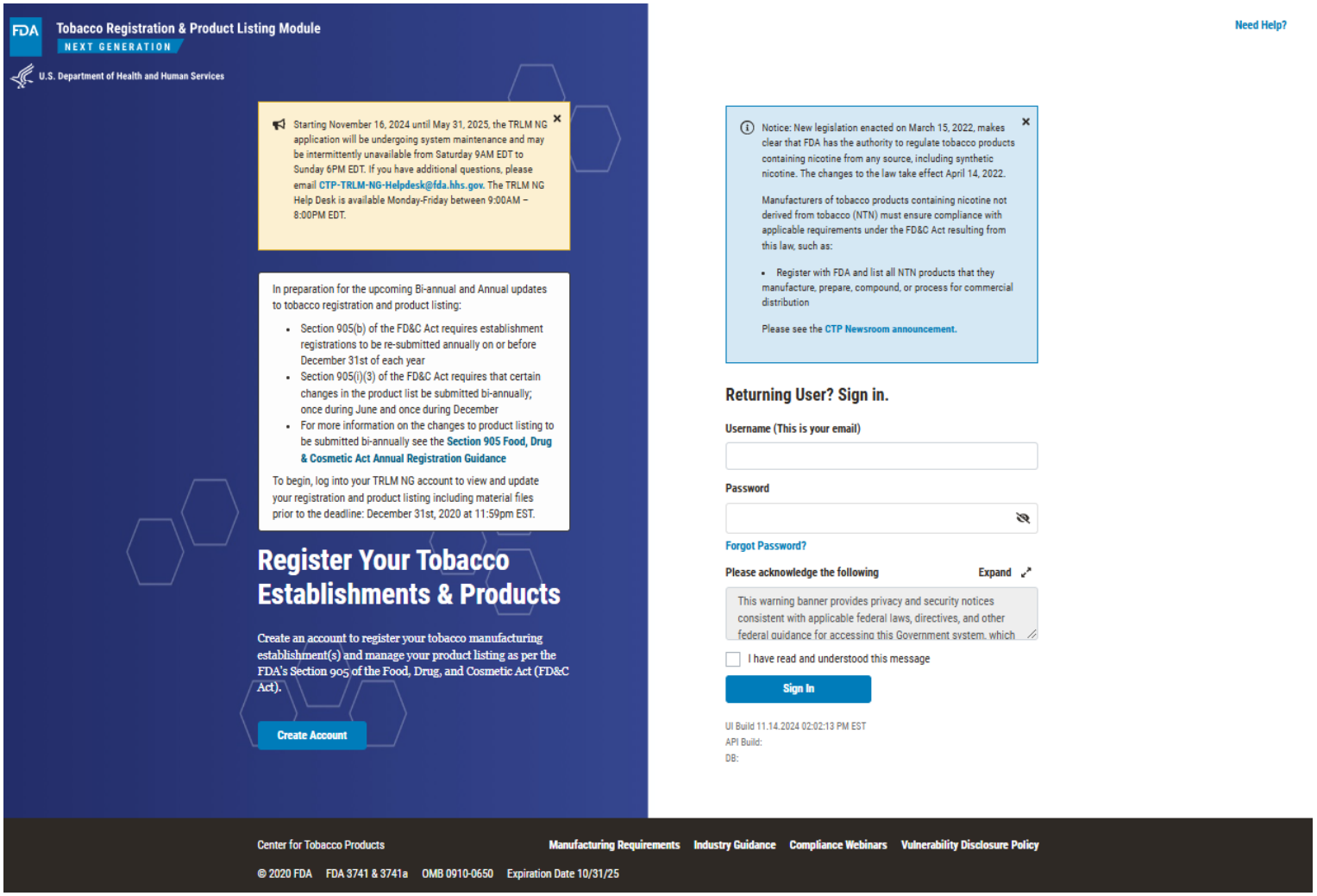
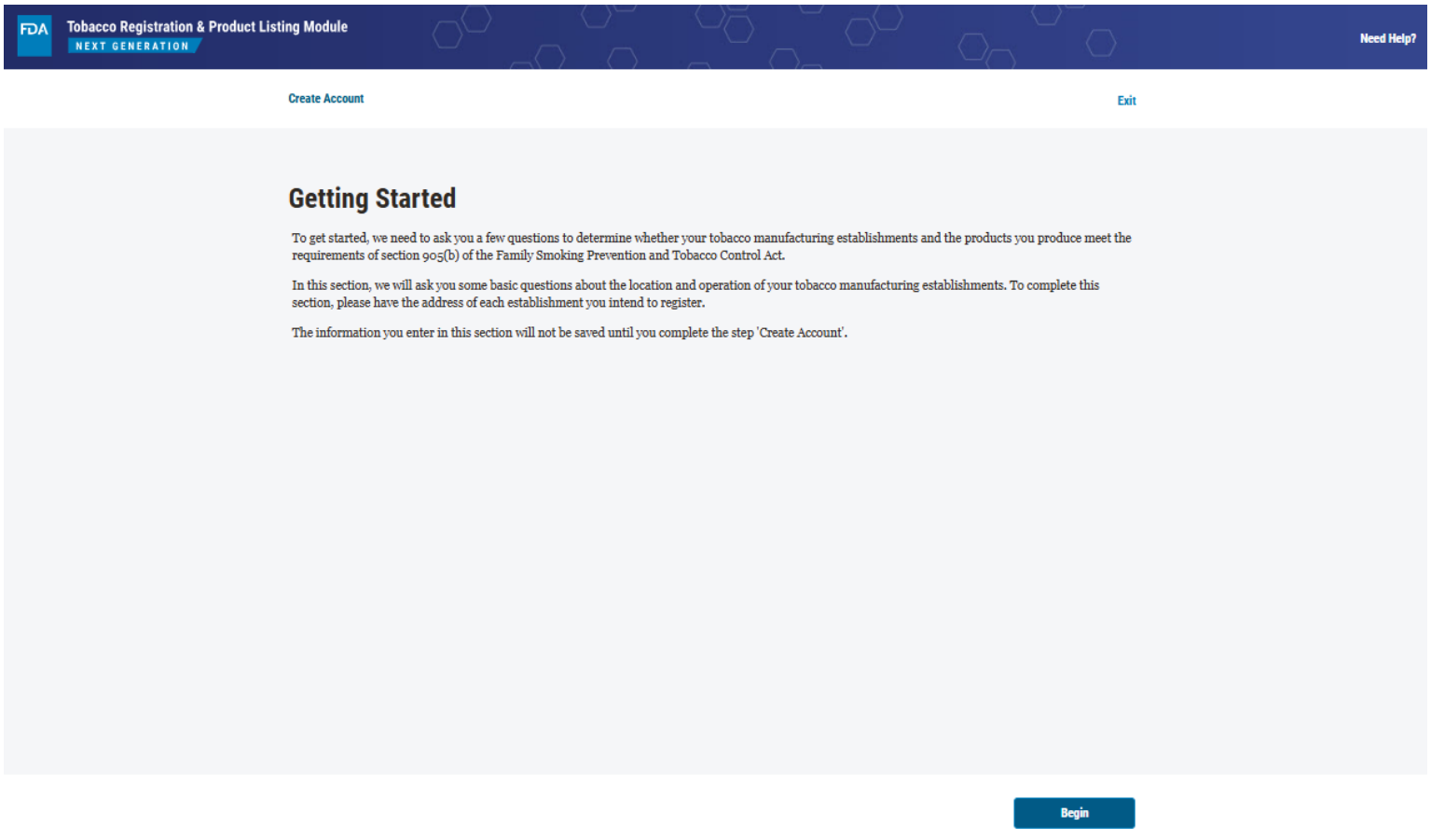

FDA
Tobacco Registration & Product Listing Module
NEXT GENERATION
U.S. Department of Health and Human Services
Need Help?
Starting November 16, 2024 until May 31, 2025, the TRLM NG application will be undergoing system maintenance and may be intermittently unavailable from Saturday 9AM EDT to Sunday 6PM EDT. If you have additional questions, please email CTP-TRLM-NG-Helpdesk@fda.hhs.gov. The TRLM NG Help Desk is available Monday-Friday between 9:00AM – 8:00PM EDT.
In preparation for the upcoming Bi-annual and Annual updates to tobacco registration and product listing:
Section 905(b) of the FD&C Act requires establishment registrations to be re-submitted annually on or before December 31st of each year
Section 905(i)(3) of the FD&C Act requires that certain changes in the product list be submitted bi-annually; once during June and once during December
For more information on the changes to product listing to be submitted bi-annually see the Section 905 Food, Drug & Cosmetic Act Annual Registration Guidance
To begin, log into your TRLM NG account to view and update your registration and product listing including material files prior to the deadline: December 31st, 2020 at 11:59pm EST.
Register Your Tobacco Establishments & Products
Create an account to register your tobacco manufacturing establishment(s) and manage your product listing as per the FDA's Section 905 of the Food, Drug, and Cosmetic Act (FD&C Act).
Create Account
Notice: New legislation enacted on March 15, 2022, makes clear that FDA has the authority to regulate tobacco products containing nicotine from any source, including synthetic nicotine. The changes to the law take effect April 14, 2022.
Manufacturers of tobacco products containing nicotine not derived from tobacco (NTN) must ensure compliance with applicable requirements under the FD&C Act resulting from this law, such as:
Register with FDA and list all NTN products that they manufacture, prepare, compound, or process for commercial distribution
Please see the CTP Newsroom announcement.
Returning User? Sign in.
Username (This is your email)
Password
Forgot Password?
Please acknowledge the following
Expand
This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which
I have read and understood this message
Sign In
UI Build 11.14.2024 02:02:13 PM EST
API Build:
DB:
Center for Tobacco Products
Manufacturing Requirements
Industry Guidance
Compliance Webinars
Vulnerability Disclosure Policy
© 2020 FDA
FDA 3741 & 3741a
OMB 0910-0650
Expiration Date 10/31/25


FDA
Tobacco Registration & Product Listing Module
NEXT GENERATION
Need Help?
Create Account
Exit
Getting Started
To get started, we need to ask you a few questions to determine whether your tobacco manufacturing establishments and the products you produce meet the requirements of section 905(b) of the Family Smoking Prevention and Tobacco Control Act.
In this section, we will ask you some basic questions about the location and operation of your tobacco manufacturing establishments. To complete this section, please have the address of each establishment you intend to register.
The information you enter in this section will not be saved until you complete the step 'Create Account'.
Begin

Create Account

To continue with your registration, please create an account. Your account will enable you to access the Tobacco Registration and Listing Module Next Generation (TRLM NG) to manage your registration and future updates.

Provide Business Details

What is your relationship to the tobacco manufacturing establishments?

- (●) **Owner:** I own or work for a business which has **ownership interest** in one or more tobacco manufacturing establishments
- ( ) **Operator:** I own or work for a business which has **management authority** for one or more tobacco manufacturing establishments
- ( ) **Authorized Third Party:** I am authorized to submit and manage registrations on behalf of the owner/operator
- ( ) **Other:**

Name of the Primary Business You Are Registering

What if I'm applying on behalf of the owner or operator?

Please enter your information, even if you are applying on behalf of the owner or operator. This information is used to create your own account, which you can use to access one or more registrations within TRLM NG. You will be prompted to enter the Owner and Operator information later.

Your Details

Title (Optional)

First Name

Middle Name (Optional)

Last Name

Position Title (Optional)

Type of Number

Work

Country Code

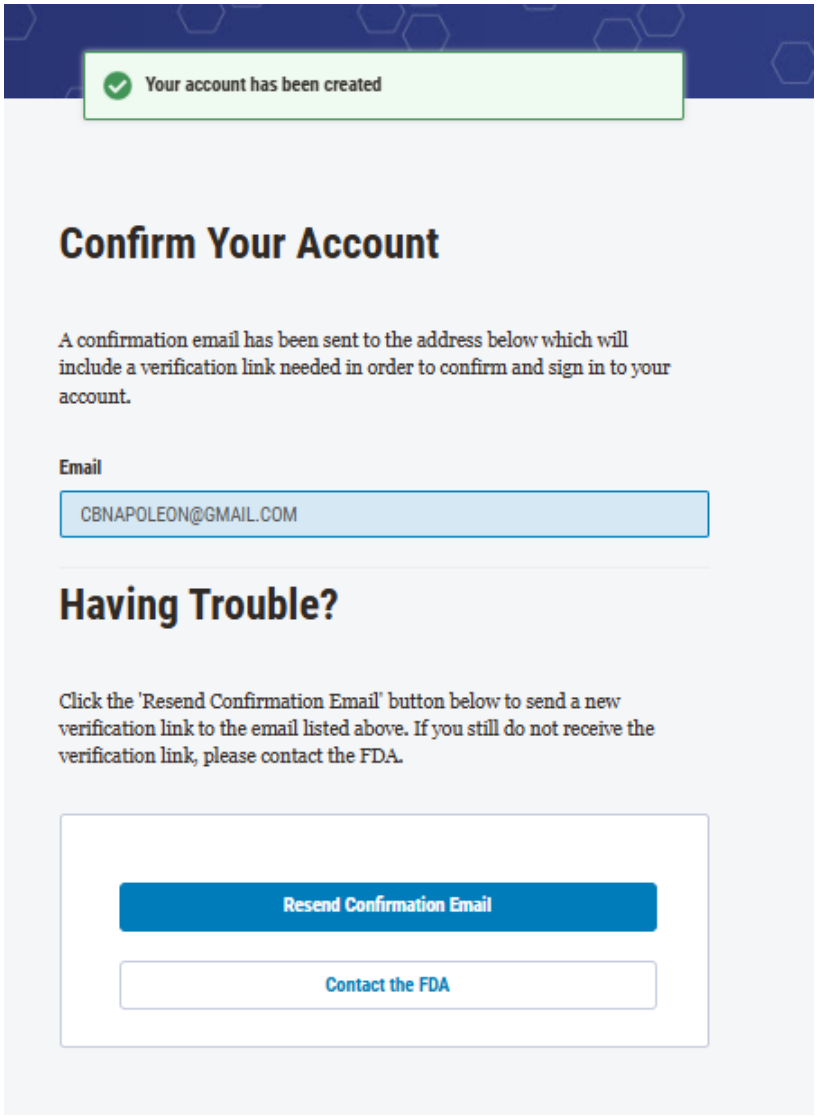
+1 · 201-555-0123

Email Address (This will be your username)

Business Web Address (Optional)

Previous

Create Account


Your account has been created
Confirm Your Account
A confirmation email has been sent to the address below which will include a verification link needed in order to confirm and sign in to your account.
Email
CBNAPOLEON@GMAIL.COM
Having Trouble?
Click the 'Resend Confirmation Email' button below to send a new verification link to the email listed above. If you still do not receive the verification link, please contact the FDA.
Resend Confirmation Email
Contact the FDA

Your account has been confirmed

Create Your Password

Username

CBNAPOLEON@GMAIL.COM

Create Password

Password must include, at least

- 8 Characters
- 1 Uppercase Character
- 1 Lowercase Character
- 1 Number
- 1 Special Character

Create Password

Set up Multifactor Authentication

TRLM NG requires multifactor authentication to add an additional level of security when signing into your account.

Enter a verification code sent to your email.

Setup

Multifactor Authentication

Exit

Send the Code — Verification Code — Finish

Set up Email Authentication

Send a verification code to your registered email.

Multifactor Authentication

Exit

Send the Code — Verification Code — Finish

Verification Code

A verification code was sent to cmunden@deloitte.com. Please check your email and enter the code below.

Verification Code

Enter Verification Code

Haven't received an email? **Send Again**

Multifactor Authentication

Exit

Send the Code — Verification Code — Finish

Finish

Your MFA Verification is complete. Click on 'Finish' to enter the TRLM NG Application.

Enrolled Factors

Email Verification

Finish

TRLM Expired Draft Registrations will no longer be displayed in the system. Dismiss

Welcome, JANE FONDA

Announcements

Read Full Announcement

The Center of Tobacco Products (CTP) is committed to improving your registration experience through the implementation of this new Next Generation system. Read the full announcement to see what is new in TRLM NG.

Need Help?

View Help Resources

You can access helpful resources to help you complete and navigate your tobacco registration. If you need additional assistance, you can contact the FDA here.

Contact the FDA

Start Your Registration

Register your tobacco manufacturing establishment(s) and product listing.

Start Registration

Set Up Your Registration

To begin your registration, we need to understand your relationship to the tobacco manufacturing establishments. The questions below help to identify your role based on the FDA Forms 3741 & 3741a. At the end of the questions, you will be identified as one of the roles listed below.

- Owner Registering Alone
- Owner Registering on Behalf of Operator
- Owner Who is Also Operator of All Establishments
- Operator Registering Alone
- Operator Registering on Behalf of Owner
- Authorized Agent

Identify Your Role

(Section I: Identification from FDA Form 3741/3741a)

Do you own or work for a business which **owns** the tobacco manufacturing establishments?

Yes | No

Guidance

Only answer "Yes" if you own or work for a business that has ownership interest in one or more to...

Read more

Does this business also **operate** some or all of the tobacco manufacturing establishments?

Yes | No

Guidance

Only answer "Yes" if you own or work for a business that has management authority over tobacco ma...

Read more

You have identified as Owner who is also Operator of all establishments.

You can create a new registration.

Name Your Registration

This name will only be used by you to reference this registration. This is not public information and does not affect your registration. We've pre-filled the name of your business for your convenience.

Registration Name

Rylee Smoke Shop

Create Registration

Set Up Your Registration

To begin your registration, we need to understand your relationship to the tobacco manufacturing establishments. The questions below help to identify your role based on the FDA Forms 3741 & 3741a. At the end of the questions, you will be identified as one of the roles listed below.

- Owner Registering Alone
- Owner Registering on Behalf of Operator
- Owner Who is Also Operator of All Establishments
- Operator Registering Alone
- Operator Registering on Behalf of Owner
- Authorized Agent

Identify Your Role

(Section I: Identification from FDA Form 3741/3741a)

Do you own or work for a business which **owns** the tobacco manufacturing establishments?

Yes | No

Guidance

Only answer "Yes" if you own or work for a business that has ownership interest in one or more to...

Read more

Does this business also **operate** some or all of the tobacco manufacturing establishments?

Yes | No

Guidance

Only answer "Yes" if you own or work for a business that has management authority over tobacco ma...

Read more

Are you an Owner registering alone?

Yes | No

Guidance

Only answer "Yes" if you own tobacco manufacturing establishments.

Answer "No" If:

Read more

You have identified as Owner registering alone.

You can create a new registration. Please complete all sections EXCEPT Operator information in this application. This will ensure you adhere to the instructions to complete all sections except IIIA and IIIB outlined in the FDA Forms 3741 and 3741a.

Name Your Registration

This name will only be used by you to reference this registration. This is not public information and does not affect your registration. We've pre-filled the name of your business for your convenience.

Registration Name

Rylee Smoke Shop

Create Registration

Set Up Your Registration

To begin your registration, we need to understand your relationship to the tobacco manufacturing establishments. The questions below help to identify your role based on the FDA Forms 3741 & 3741a. At the end of the questions, you will be identified as one of the roles listed below.

- Owner Registering Alone
- Owner Registering on Behalf of Operator
- Owner Who is Also Operator of All Establishments
- Operator Registering Alone
- Operator Registering on Behalf of Owner
- Authorized Agent

Identify Your Role

(Section I: Identification from FDA Form 3741/3741a)

Do you own or work for a business which **owns** the tobacco manufacturing establishments?

Yes | No

Guidance

Only answer "Yes" if you own or work for a business that has ownership interest in one or more to...

Read more

Does this business also **operate** some or all of the tobacco manufacturing establishments?

Yes | No

Guidance

Only answer "Yes" if you own or work for a business that has management authority over tobacco ma...

Read more

Are you an Owner registering alone?

Yes | No

Guidance

Only answer "Yes" if you own tobacco manufacturing establishments.

Answer "No" If:

Read more

You have identified as Owner registering on behalf of Operator.

You can create a new registration. Please complete all sections in this application. This will ensure you adhere to the instructions to complete all sections outlined in the FDA Forms 3741 and 3741a.

Name Your Registration

This name will only be used by you to reference this registration. This is not public information and does not affect your registration. We've pre-filled the name of your business for your convenience.

Registration Name

Rylee's Smoke Shop

Create Registration

Set Up Your Registration

To begin your registration, we need to understand your relationship to the tobacco manufacturing establishments. The questions below help to identify your role based on the FDA Forms 3741 & 3741a. At the end of the questions, you will be identified as one of the roles listed below.

- Owner Registering Alone
- Owner Registering on Behalf of Operator
- Owner Who is Also Operator of All Establishments
- Operator Registering Alone
- Operator Registering on Behalf of Owner
- Authorized Agent

Identify Your Role

(Section I: Identification from FDA Form 3741/3741a)

Do you own or work for a business which **owns** the tobacco manufacturing establishments?

Yes | **No**

Guidance

Only answer "Yes" if you own or work for a business that has ownership interest in one or more to...

Read more

Do you own or work for a business which has **management authority** over the tobacco manufacturing establishments?

Yes | No

Guidance

Only answer "Yes" if you own or work for a business that has management authority over tobacco ma...

Read more

Are you an Operator registering alone?

Yes | No

Guidance

Only answer "Yes" if you work for a business that has management authority over tobacco manufactu...

Read more

You have identified as Operator registering alone.

You can create a new registration. Please complete all sections EXCEPT Owner information in this application. This will ensure you adhere to the instructions to complete all sections except IIA and IIB outlined in the FDA Forms 3741 and 3741a.

Name Your Registration

This name will only be used by you to reference this registration. This is not public information and does not affect your registration. We've pre-filled the name of your business for your convenience.

Registration Name

Rylee's Smoke Shop

Create Registration

Set Up Your Registration

To begin your registration, we need to understand your relationship to the tobacco manufacturing establishments. The questions below help to identify your role based on the FDA Forms 3741 & 3741a. At the end of the questions, you will be identified as one of the roles listed below.

- Owner Registering Alone
- Owner Registering on Behalf of Operator
- Owner Who is Also Operator of All Establishments
- Operator Registering Alone
- Operator Registering on Behalf of Owner
- Authorized Agent

Identify Your Role

(Section I: Identification from FDA Form 3741/3741a)

Do you own or work for a business which **owns** the tobacco manufacturing establishments?

Yes | **No**

Guidance

Only answer "Yes" if you own or work for a business that has ownership interest in one or more to...

Read more

Do you own or work for a business which has **management authority** over the tobacco manufacturing establishments?

Yes | No

Guidance

Only answer "Yes" if you own or work for a business that has management authority over tobacco ma...

Read more

Are you an Operator registering alone?

Yes | **No**

Guidance

Only answer "Yes" if you work for a business that has management authority over tobacco manufactu...

Read more

You have identified as Operator registering on behalf of Owner.

You can create a new registration. Please complete all sections in this application. This will ensure you adhere to the instructions to complete all sections outlined in the FDA Forms 3741 and 3741a

Name Your Registration

This name will only be used by you to reference this registration. This is not public information and does not affect your registration. We've pre-filled the name of your business for your convenience.

Registration Name

Rylee's Smoke Shop

Create Registration

Set Up Your Registration

To begin your registration, we need to understand your relationship to the tobacco manufacturing establishments. The questions below help to identify your role based on the FDA Forms 3741 & 3741a. At the end of the questions, you will be identified as one of the roles listed below.

- Owner Registering Alone
- Owner Registering on Behalf of Operator
- Owner Who is Also Operator of All Establishments
- Operator Registering Alone
- Operator Registering on Behalf of Owner
- Authorized Agent

Identify Your Role

(Section I: Identification from FDA Form 3741/3741a)

Do you own or work for a business which **owns** the tobacco manufacturing establishments?

Yes | **No**

Guidance

Only answer "Yes" if you own or work for a business that has ownership interest in one or more to...

Read more

Do you own or work for a business which has **management authority** over the tobacco manufacturing establishments?

Yes | **No**

Guidance

Only answer "Yes" if you own or work for a business that has management authority over tobacco ma...

Read more

Do you own or work for a third party business that has been **authorized to register** on behalf of the Owner or Operator?

Yes | No

Guidance

Only answer "Yes" if you own or work for a business that has management authority over tobacco ma...

Read more

You have identified as Authorized Agent.

You can create a new registration.

Name Your Registration

This name will only be used by you to reference this registration. This is not public information and does not affect your registration. We recommend using the name of the owner or operator business name you are registering.

Registration Name

Create Registration

Set Up Your Registration

To begin your registration, we need to understand your relationship to the tobacco manufacturing establishments. The questions below help to identify your role based on the FDA Forms 3741 & 3741a. At the end of the questions, you will be identified as one of the roles listed below.

- Owner Registering Alone
- Owner Registering on Behalf of Operator
- Owner Who is Also Operator of All Establishments
- Operator Registering Alone
- Operator Registering on Behalf of Owner
- Authorized Agent

Identify Your Role

(Section I: Identification from FDA Form 3741/3741a)

Do you own or work for a business which **owns** the tobacco manufacturing establishments?

Yes | **No**

Guidance

Only answer "Yes" if you own or work for a business that has ownership interest in one or more to...

Read more

Do you own or work for a business which has **management authority** over the tobacco manufacturing establishments?

Yes | **No**

Guidance

Only answer "Yes" if you own or work for a business that has management authority over tobacco ma...

Read more

Do you own or work for a third party business that has been **authorized to register** on behalf of the Owner or Operator?

Yes | **No**

Guidance

Only answer "Yes" if you own or work for a business that has management authority over tobacco ma...

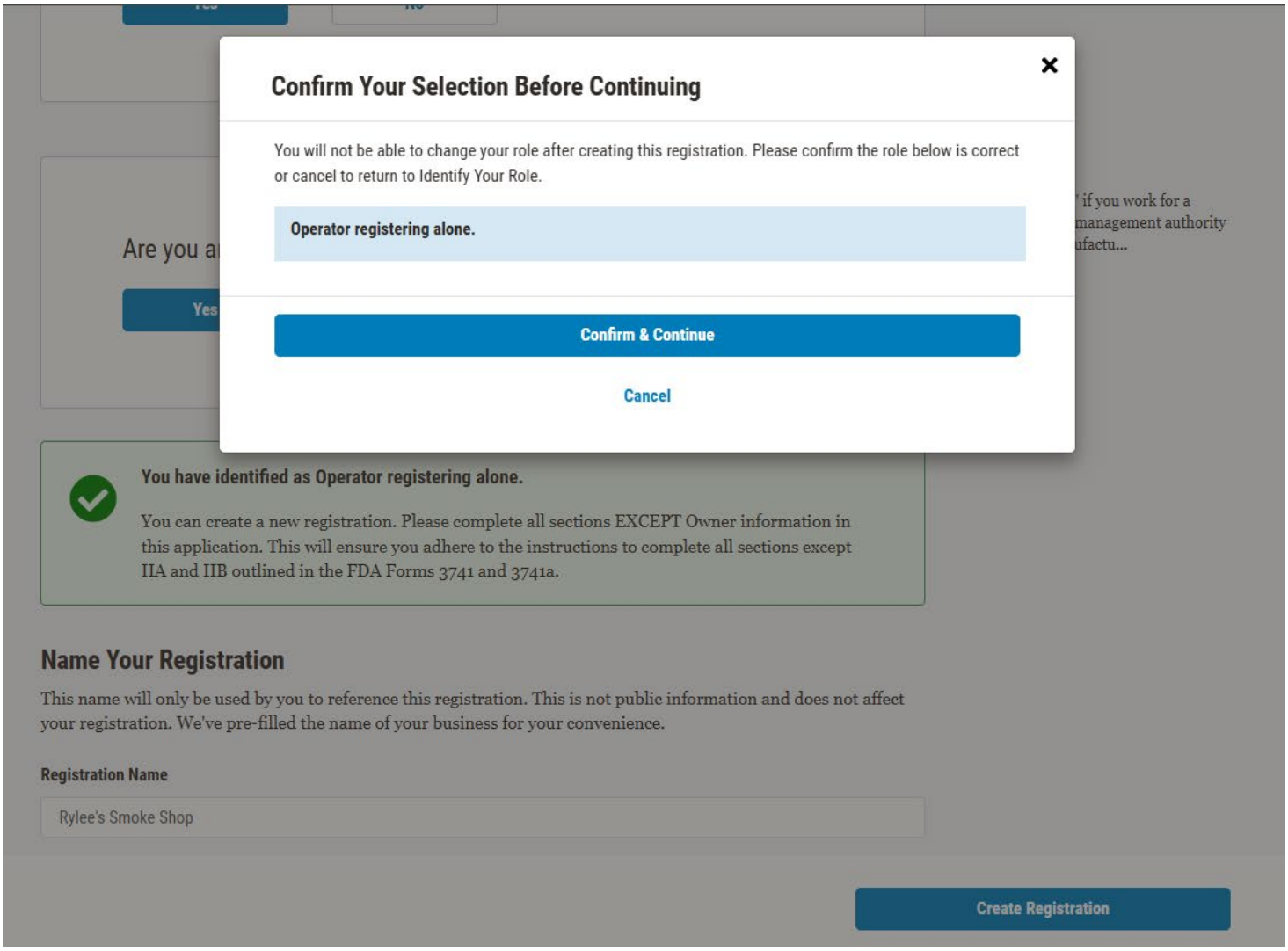
Read more

You are not authorized to create a new registration.

Only Owners, Operators or Authorized Agents should fill out and submit a registration.

Are you the Owner of a brand or another role not mentioned previously? Please contact the FDA to learn more about how you can access or start a registration.

Send Message


Confirm Your Selection Before Continuing
You will not be able to change your role after creating this registration. Please confirm the role below is correct or cancel to return to Identify Your Role.
Operator registering alone.
Confirm & Continue
Cancel
Are you a
Yes
if you work for a
management authority
ufactu...
You have identified as Operator registering alone.
You can create a new registration. Please complete all sections EXCEPT Owner information in this application. This will ensure you adhere to the instructions to complete all sections except IIA and IIB outlined in the FDA Forms 3741 and 3741a.
Name Your Registration
This name will only be used by you to reference this registration. This is not public information and does not affect your registration. We've pre-filled the name of your business for your convenience.
Registration Name
Rylee's Smoke Shop
Create Registration

Owner

(Section IIA: Registration Owner Information and Section IIB: Registration Owner Business Structure from FDA Form 3741/3741a)

The term "owner" means a person, as defined in section 201(e) of the act (21 U.S.C. 321(e)) who has an ownership interest in an establishment.

Owner Name & Address

Owner Name (Name of the Corporation/Partnership or Individual Owner)

Jane Doe

+ Does the Owner do business by another name?

Address or Mailing Address

20804 Edds Lane, Potomac Falls, VA, 20165, US

Address or Mailing Address, Line 2 (Optional)

Owner Headquarters D&B DUNS Number (Optional)

Guidance

If the owner does business by any other name, please list all such names.

Business Structure

What type of business is this?

- (•) Sole Proprietorship: An incorporated business with a single owner.
- ( ) Partnership: A business or firm owned and run by two or more partners.
- ( ) Corporation: A company or group of people authorized to act as a single entity.

Enter Owner Name

First/Given Name: Jane

Last Name: Doe

Points of Contact

Please add the contact information for the individual who owns this business. You may also add other contacts for this business.

Search Existing Points Of Contact

Begin typing a name

+ Add New Contact

Contacts		Business Role
Mrs. Jane Middle Doe abc@mailinator.com US +1 2025555555 (work) Edit | Remove	☑ Primary Contact	(•) Business Owner (Select One)

Guidance

Primary Contact: The person responsible for this business account may be contacted ...
Read more

Save Owner & Continue

Operators

(Section IIIA: Registration Operator Information and Section IIIB: Registration Operator Business Structure from FDA Form 3741/3741a)

The term "operator" means a person, as defined in section 201(e) of the act (21 U.S.C. 321(e)) who has management authority over an establishment.

Operator Name & Address

Operator Name

Test Operator

+ Does the Operator do business by another name?

Address or Mailing Address

20804 Edds Lane, Potomac Falls, VA, 20165, US

Address or Mailing Address, Line 2 (Optional)

Operator Headquarters D&B DUNS Number (Optional)

Guidance

If the operator does business by any other name, please list all such names.

Business Structure

What type of business is this?

- (•) Sole Proprietorship: An incorporated business with a single owner.
- ( ) Partnership: A business or firm owned and run by two or more partners.
- ( ) Corporation: A company or group of people authorized to act as a single entity.

Enter Owner Name

First/Given Name: Test Name

Last Name: Test Last Name

Points of Contact

Please add the contact information for the individual who owns this business. You may also add other contacts for this business.

Search Existing Points of Contact

Begin typing a name

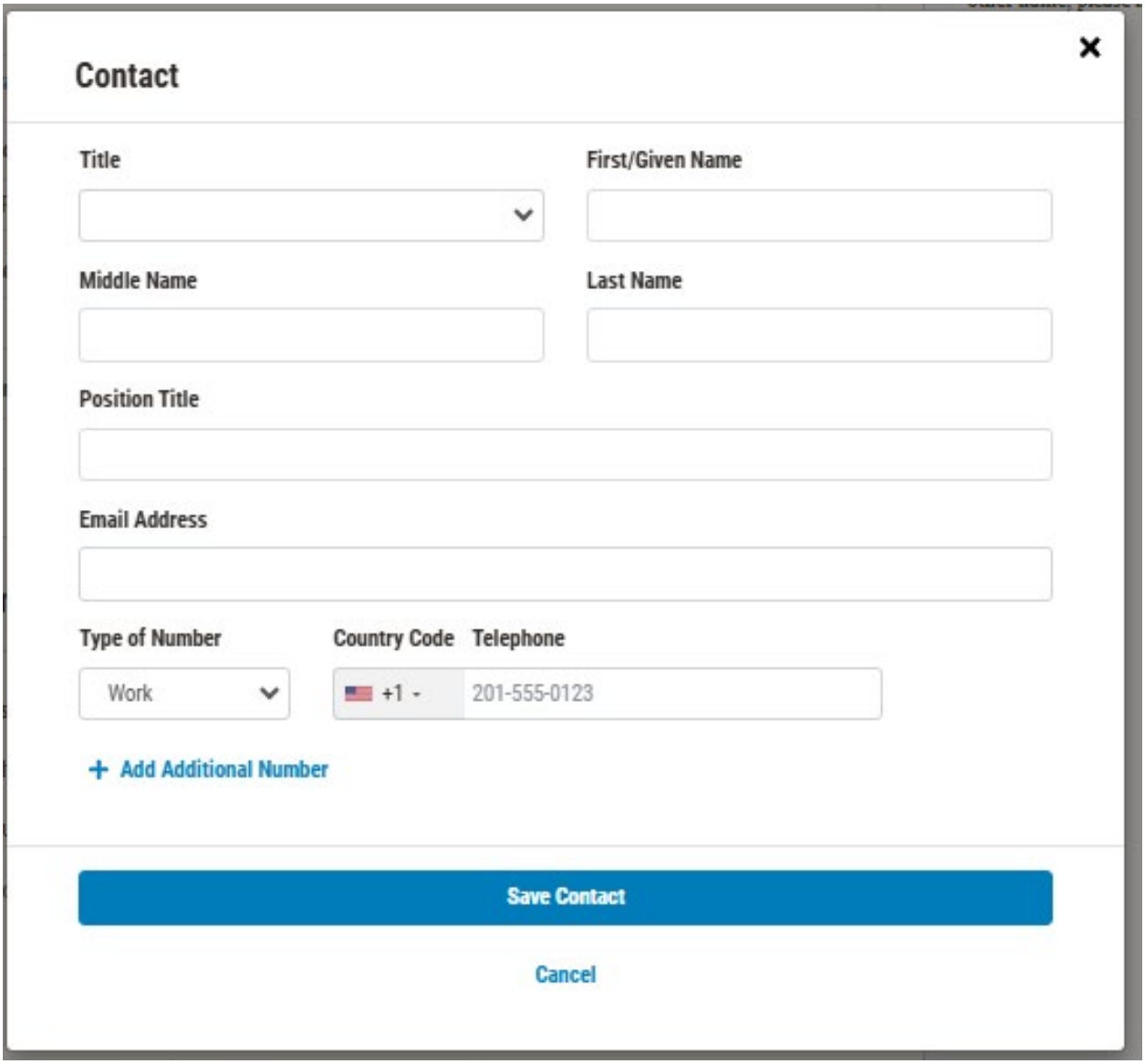
+ Add New Contact

Guidance

Primary Contact: The person responsible for this business account may be contacted ...
Read more

Back To Owner | Save & Add Another Operator | Save Operator & Continue

I am Done Adding Operators, Continue


Contact
Title
First/Given Name
Middle Name
Last Name
Position Title
Email Address
Type of Number
Country Code
Telephone
Work
+1
201-555-0123
Add Additional Number
Save Contact
Cancel

Establishments

(Section IV: Registration Establishment Information from FDA Form 3741/3741a)

Enter the details of an establishment that manufactures finished tobacco products ready for consumer use. If you have multiple establishments, you can register these using the 'Save & Add Another Establishment' button at the bottom of the screen. Retailers and importers **do not** need to register with the FDA.

Establishment Operator

Select the operator you would like to add this establishment to:

Operator

Test Operator

+ Create a New Operator

Guidance

Establishment: A place of business under on...
Read more

Establishment Details

Establishment Name

Test Establishment Name

Copy Operator Mailing Address

Address or Physical Address

20804 Edds Lane, Potomac Falls, VA, 20165, US

Address or Physical Address, Line 2

Suite | 102

Establishment D&B DUNS Number (Optional)

Guidance

Enter the details of an establishment that manufactures finished tobacco products ready for consumer use.

Address Line 2 is used to enter any additional numbers or units related to your main, physical domestic address. Do not type in a full address or PO Box information into the field.

Tobacco Product: Any product made or derive...
Read more

Retailers and importers do not need to register with the FDA.

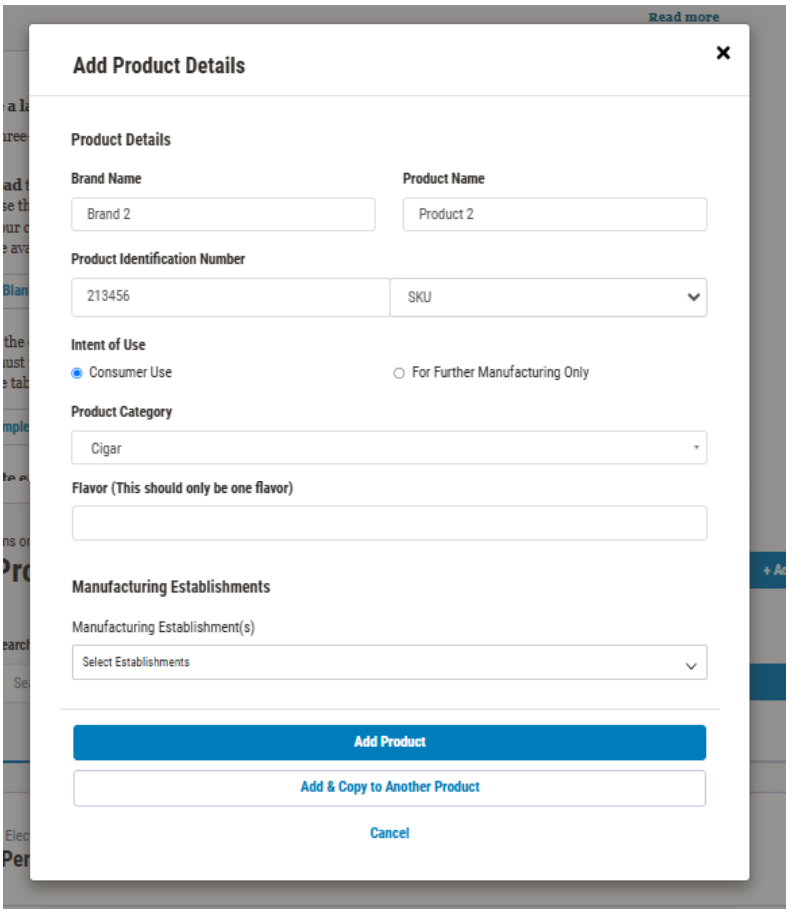
For detailed instructions on how to add your products, visit the **Need Help?** page.

Tobacco Products (1)

+ Add Product

Search Type: Exact

Search: Search for Product(s) | Clear | Filters (0) | Search



Material Files

(Section V: Product Listing or Deemed Tobacco Product Listing from FDA Form 3741/3741a)

Please add material files first by clicking the '+Upload Material File' button below. **You must upload material files before you associate to each product.** To add the same material files to multiple products, select the products using the check boxes on the left side of the table. If adding one label to multiple products, please follow the guidance (outlined in the box to the right) for model labels. Otherwise, attach separate label(s) per product.

A label must be provided for each product to proceed to the next step (except for products only intended for further manufacturing). If you have advertising or consumer information for your products you are also required to provide a **representative sampling** of this material. This means typical advertising material that reflects the full range of promotional statements made for a tobacco product. For example, if more than one magazine advertisement is used, but the promotional content is essentially identical, only one needs to be submitted.

If your product is too small or otherwise unable to accomodate a label with sufficient space to bear the required warning statement, and is a covered tobacco product (other than cigars, and excluding any component or part not made or derived from tobacco), cigarette tobacco product, or roll-your-own tobacco product, you must contain the required warning statement. The statement can appear on the carton, outer container, wrapper, or tag firmly and permanently affixed to the tobacco product package. **Read More Detail and View Template.**

Note: Products in the "Trash" are not shown below. To add or edit your product list, please return to Step 4. The upload process may take ~3 minutes to complete as the system conducts a virus scan for each file uploaded.

Guidance

Use Model Labels to Reduce Label Entries

The model label contains a proxy with placeholder text, for label variations such as package size, nicotine strength, PG/VG ratio, and flavor. However, the proxy should have the same warnings, ingredients, size, font and color as it will appear on the individual product.

All formatting, fonts, colors, background text and images are represented on the model label as they will appear on the actual label.

Read More Detail and View Template.

Draft Tobacco Products (1)

+ Upload Material Files

Search Type **Search**

Exact | Search for Product(s) | Clear | Filters (0) | Search

Add Material Files

The preferred file types for your uploaded Material Files are **.jpg** and **.pdf**. Files with the extensions dtd, sgml, mol, xpt, xml, and zip files cannot be accepted. **Please confirm one upload of material files appears on the Material Files page before attempting to perform another bulk upload.**

Once you upload your material files to the system, you can associate them to your products from the product listing table by clicking "Edit Material File Associations" for either single or bulk products.

Labels(0) + Add New

Drop labels inside the dotted lines or **Browse for files**

No files added.

Advertising(0) + Add New

No files added.

Consumer Information(0) + Add New

No files added.

Save Changes

Cancel

Material Files

(Section V: Product Listing or Deemed Tobacco Product Listing from FDA Form 3741/3741a)

Please add material files first by clicking the '+Upload Material File' button below. **You must upload material files before you associate to each product.** To add the same material files to multiple products, select the products using the check boxes on the left side of the table. If adding one label to multiple products, please follow the guidance (outlined in the box to the right) for model labels. Otherwise, attach separate label(s) per product.

A label must be provided for each product to proceed to the next step (except for products only intended for further manufacturing). If you have advertising or consumer information for your products you are also required to provide a **representative sampling** of this material. This means typical advertising material that reflects the full range of promotional statements made for a tobacco product. For example, if more than one magazine advertisement is used, but the promotional content is essentially identical, only one needs to be submitted.

If your product is too small or otherwise unable to accomodate a label with sufficient space to bear the required warning statement, and is a covered tobacco product (other than cigars, and excluding any component or part not made or derived from tobacco), cigarette tobacco product, or roll-your-own tobacco product, you must contain the required warning statement. The statement can appear on the carton, outer container, wrapper, or tag firmly and permanently affixed to the tobacco product package. **Read More Detail and View Template.**

Note: Products in the "Trash" are not shown below. To add or edit your product list, please return to Step 4. The upload process may take ~3 minutes to complete as the system conducts a virus scan for each file uploaded.

Guidance

Use Model Labels to Reduce Label Entries

The model label contains a proxy with placeholder text, for label variations such as package size, nicotine strength, PG/VG ratio, and flavor. However, the proxy should have the same warnings, ingredients, size, font and color as it will appear on the individual product.

All formatting, fonts, colors, background text and images are represented on the model label as they will appear on the actual label.

Read More Detail and View Template.

Draft Tobacco Products (1)

+ Upload Material Files

Search Type: Exact

Search: Search for Product(s) | Clear | Filters (0) | Search

All (1) | Missing Required Files (0) | Have Required Files (1)

Consumer Use / Electronic Nicotine Delivery System (ENDS)

Advanced Personal Vaporizer (1 Product)

☐ **Select All** (Or Check all that apply using the box on the left of each product row)

1 to 1 of 1 Products | Jump to Page 1 Go | Show 10 | < 1 >

Product (Brand / Name / Attributes)	Product ID	Last Edited	Issue?	Material Files	Actions
☐ Jane Doe Brand 1 / Doey Lungs / Open	123456	11/04/2024 02:35 PM	None	1 Labels 0 Advertising 0 Consumer	Edit Material File

1 to 1 of 1 Products | Jump to Page 1 Go | Show 10 | < 1 >

Review and Submit

Submit Registration

(Section VI: Confirmation Statement from FDA Form 3741/3741a)

1. Owner Information

Return to Step 1

Jane Doe

20804 Edds Lane, Potomac Falls, VA 20165, US
Sole Proprietor
1 Point(s) of Contact

2. Operator Information

Return to Step 2

Test Operator

20804 Edds Lane, Potomac Falls, VA 20165, US
Sole Proprietor
0 Point(s) of Contact

3. Establishment Information

Return to Step 3

Test Establishment Name

20804 Edds Lane, Suite 102, Potomac Falls, VA 20165, US
Blending, Labeling, Manufacturing, Packaging, test specify
1 Point(s) of Contact

Operated by Test Operator

Edit this Establishment

4. Tobacco Products

Return to Step 4

Total Products to Submit (1)

Product Category, Intent of Use	Total Products
Advanced Personal Vaporizer, Consumer Use	1
Trash (Not included in submission)	0

5. Material File Associations

Return to Step 5

Total Material Files to Submit (1)

Total Files
1 label(s)
0 advertising file(s)
0 consumer information file(s)

6. Material File Information

Return to Step 6

Information provided for 1 material files

0 files do not have additional information

Confirmation Statement

The data and information in this submission has been reviewed and, to the best of my knowledge, certified to be true and accurate. I agree to report changes to this information as required under **Section 905(i)(3) of the Federal Food, Drug, and Cosmetic Act.**

WARNING: A willfully false statement is a criminal offense, U.S. Code, Title 18, Section 1001.

☐ Agree

Signature of Responsible Person or Agent

Name | **Title** | **Date**

Identity of Signatory

- ○ Owner
- ○ Operator
- ○ Authorized Agent

Submit Registration

Registration is locked for editing while edits are processing in the background. This may take a few minutes.

You have successfully submitted your registration.

Confirmation Number: CON677836171

Test Registration

Registration ID RG12969

Date Submitted 10/01/2024 06:41 AM

Section 905 (3) of the FD&C Act requires that the registration is certified annually each year, even if there have been no changes to your registration since the last submission or certification.

Your Annual Certification - every October - December

Review your entire registration. Certify no changes or submit changes on or before **December 31** of each year.

Go to Registration Overview | Print Confirmation Message

© 2020 FDA FDA 3741 & 3741a OMB 0910-0650 Expiration Date 10/31/25