PACT Application for Consumer Testing/

Public Health Exception



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

**Consumer Testing/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 manufacturers for which mailings are entered under this exception must have a permit in good standing issued under 26 U.S.C. § 5713. The PACT Act also permits the mailing of cigarettes by federal government agencies engaged in the consumer testing of tobacco products solely for public health purposes under conditions similar to those applicable to consumer testing by cigarette manufacturers. Such mailings are subject to the conditions of Publication 52, *Hazardous, Restricted, and Perishable Mail,* available at <https://pe.usps.com>(for federal government agencies involved in consumer testing of tobacco products solely for public health purposes).

**Section A. Application – Sender information for Business Entities**

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

1. Names of manufacturer, agent of a manufacturer, or federal agency:
2. For agent of a manufacturer, describe relationship with the manufacturer:
3. Street address:
   1. Mailing address (if different from street address):
4. City, State, ZIP Code:
5. Information about agent/employee completing the application and alternate contact:
6. Name and title:
7. Telephone number (include area code):
8. E-mail address:
9. Name and title of alternate contact person:
10. Telephone number (include area code):
11. E-mail address:
12. Applicant business information (not applicable to federal agencies):
13. 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.
14. If the applicant is an agent, provide proof of the agency relationship between the applicant and the cigarette manufacturer.
15. Specify all Post Office locations (City, State, ZIP Code) where cigarettes will be presented.
16. By signing and submitting this form, applicant certifies the following in connection with any mailings made under the consumer testing/public health exception.
17. Any recipient of consumer testing samples of cigarettes will be an adult established smoker.
18. No recipient has made or will make any payment for the cigarettes.
19. Every recipient will sign a statement indicating that the recipient wishes to receive the mailings.
20. 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.
21. 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.
22. The manufacturer or federal agency will maintain records establishing compliance with these obligations for a 6-year period from the date of each mailing.

**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/permits not later than 15 days after receiving notice from the licensing/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 answer to 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](mailto: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.