

LISTING OF INGREDIENTS IN TOBACCO PRODUCTS

FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT

On June 22, 2009, the President signed the Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act) (Public Law 111-31) into law. The Tobacco Control Act amended the Federal Food, Drug, and Cosmetic Act (the distribution of tobacco products to protect the public health generally and to reduce tobacco use by minors).

STATUTORY REQUIREMENTS

Section 904(a)(1) of the act requires that each tobacco product manufacturer or importer submit “a listing of all ingredients, including tobacco, substances, compounds, and additives that are, as of such date, added by the manufacturer to the tobacco, paper, filter, or other part of each tobacco product by brand and by quantity in each brand and subbrand.”.

Section 904(c)(1) of the act requires that a tobacco product manufacturer provide all information required under section 904(a) at least 90 days prior to the delivery for introduction into interstate commerce” of a tobacco product not on the market as of June 22, 2009 (for cigarettes, cigarette tobacco, roll-your-own (RYO), and smokeless tobacco) or [publication date] (for other tobacco products).

Section 904(c)(2) of the act requires that a tobacco product manufacturer advise the FDA in writing at least 90 days prior to adding any new tobacco additive or increasing in quantity an existing tobacco additive, except for those additives that have been designated by the FDA through regulation as not a human or animal carcinogen, or otherwise harmful to health under intended conditions of use.

Section 904(c)(3) of the act requires that a tobacco product manufacturer advise the FDA in writing within 60 days of eliminating or decreasing an existing additive, or adding or increasing an additive that has been designated by the FDA through regulation as not a human or animal carcinogen, or otherwise harmful to health under intended conditions of use.

To assist persons making these ingredient submissions, FDA has issued its *Guidance for Industry: Listing of Ingredients in Tobacco Products* (Guidance). This Guidance and the Tobacco Control Act are available through the web links listed on page 12. You may also refer to the Definitions and Instructions sections starting on pages 14 and 15.

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**LISTING OF INGREDIENTS IN
TOBACCO PRODUCTS**

See pages 15-17 for Instructions

Please type. An item followed by an asterisk (*) denotes a required field.

SECTION I - SUBMISSION TYPE

1. **Submission Type** (Check only one box. Please ensure that all products under this submission meet the definition of the checked submission type.)*

Type a: Initial submission per 904(a)(1) for other tobacco product(s) on the market as of June 22, 2009 (for cigarettes, cigarette tobacco, RYO, and smokeless tobacco) or as of August 8, 2016 (for other tobacco products)

Type b: Initial submission per 904(c)(1) for new product(s)

Type c: Initial submission per 904(c)(1) for modification to existing product(s)

Type d: Initial submission per 904(c)(2) for modification to existing product(s)[†]

Type e: Initial submission per 904(c)(3) for modification to existing product(s)[†]

Type f: Amendment to correct previous product ingredient submission(s)^{††}

If Type f submission, enter the previous product ingredient submission tracking number (STN): TI _ _ _ _ _

[†] If modification to a product involves more than one ingredient and is subject to both 904(c)(2) and 904(c)(3) reporting requirements, treat the modification to the product as falling under 904(c)(2).

^{††} If you are only reporting an update or correction to contact information, do not use this form. Instead, please submit a letter to FDA indicating the update or correction.

SECTION II - SUBMITTER IDENTIFICATION

Submitter Type (Check one)*

Manufacturer

Importer (Complete Section III)

Company Name*

Nicotiana Vapor Products, Inc.

Company Headquarters D&B D-U-N-S[®] Number

23-234-2345

Company Headquarters FDA-assigned Facility

Establishment Identifier (FEI) Number

23-234-4567

Address*

123 Easy Street

City*

Anytown

State, Province or Territory*

AA

Country*

U.S.A.

ZIP or Postal Code*

12345

Authorized Representative (Responsible official authorized to represent the submitter)

Prefix (e.g., Mr., Ms., Dr.):

First/Given Name

Nome

M.I.

D

Last Name

Plume

Generational Suffix

(e.g., Jr., III)

Professional Suffix (e.g., MD, Ph.D.)

Position Title

Vice President, Regulatory Affairs

Email Address

abc@defghi.xyz

Telephone (Include Country Code if applicable)

111-222-3333

FAX

444-555-6666

Authorized Representative (Continued)

Company Name* Check here if same as company previously identified as submitter, and skip to Address.

Address* <input checked="" type="checkbox"/> Check here if same as previous, and skip to Section III.	City*
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State, Province or Territory*	Country*	ZIP or Postal Code*
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SECTION III - MANUFACTURER OF IMPORTED PRODUCTS
(Complete if Submitter Type is checked as Importer in Section II)

Note: If you are reporting ingredient information for products from multiple manufacturers, please submit a separate submission for each manufacturer.

Company Name*

Company Headquarters D&B D-U-N-S [®] Number	Company Headquarters FDA-assigned Facility Establishment Identifier (FEI) Number
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Address*	City*
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State, Province or Territory*	Country*	ZIP or Postal Code*
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U.S. Agent (For foreign firm where Authorized Representative does not reside in the U.S.)

Prefix (e.g., Mr., Ms., Dr.):

First/Given Name	M.I.	Last Name	Generational Suffix (e.g., Jr., III)
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Professional Suffix (e.g., MD, Ph.D.)	Position Title	Email Address
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Telephone (Include Country Code if applicable)	FAX
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Company Name* Check here if same as company previously identified as manufacturer, and skip to Address.

Address* <input type="checkbox"/> Check here if same as previous, and skip to Section IV.	City*
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State, Province or Territory*	Country*	ZIP or Postal Code*
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SECTION IV - TOBACCO PRODUCT IDENTIFICATION

1. Tobacco Product Brand/Sub-brand Name or Other Commercial Name* (e.g., *Acme Lights 100's* or *Acme Reconstituted Tobacco #202*)

Nicotiana Cloud 9 Tropica

2. FDA-Assigned Tracking Number

TP 8 7 6 5 4 3 2

3. If this product is under review or has been authorized under a marketing pathway, enter the submission tracking number (STN) of the application (e.g., *SE1234567*)

4. Product Identification Number (At least one product identification number must be provided if needed to uniquely identify the product.)

	<i>Product Identification Number</i>
<input checked="" type="checkbox"/> Item/Catalog Number	NC9TROP
<input type="checkbox"/> SKU Number (Stock Keeping Unit)	
<input type="checkbox"/> UPC Number (Universal Product Code)	
<input type="checkbox"/> EAN (International Article Number)	
<input type="checkbox"/> GTIN (Global Trade Item Number)	
<input type="checkbox"/> Other (Specify below) _____	

5. Use of Product (Check one)*

Consumer Use Further Manufacturing Use Consumer Use and Further Manufacturing Use

6. Is this tobacco product a co-package?*

Yes No

7. Product Category and Subcategory, or Category and Component*

Cigarettes

- Combusted, Filtered
- Combusted, Non-Filtered
- Non-Combusted
- Other (*Specify below*)

Cigarette Component

Cigars

- Filtered, Sheet-Wrapped Cigar
- Unfiltered, Sheet-Wrapped Cigar
- Leaf-Wrapped Cigar
- Cigar Component

Electronic Nicotine Delivery Systems (ENDS)

- Closed E-Cigarette
- Open E-Cigarette
- Open E-Liquid
- Closed E-Liquid
- ENDS Component

Pipe Tobacco Products

- Pipe
- Pipe Tobacco Filler
- Pipe Component

Roll-Your-Own Tobacco Products

- Roll-Your-Own Tobacco Filler
- Rolling Paper
- Filtered Cigarette Tube
- Non-Filtered Cigarette Tube
- Filter
- Paper Tip
- Roll-Your-Own Component

Smokeless Tobacco Products

- Loose Moist Snuff
- Portioned Moist Snuff
- Loose Snus
- Portioned Snus
- Loose Dry Snuff
- Dissolvable
- Loose Chewing Tobacco
- Portioned Chewing Tobacco
- Smokeless Tobacco Product Component

Waterpipe Tobacco Products

- Waterpipe
- Waterpipe Tobacco Filler
- Waterpipe Heat Source
- Waterpipe Component

Other Tobacco Products (*Specify below*)

8. Tobacco Product Identification Information – In the table below, you may record the identification information for any tobacco product(s) that you manufacture that are identical to the product listed in item 1 above other than packaging differences that do not affect the characteristics of the product. You do not then need to submit separate ingredients listings (Sections V and VI) for each of the products.

<i>Tobacco Product Brand/Sub-brand Name or Other Commercial Name* (e.g., Acme Lights 100's or Acme Reconstituted Tobacco #202)</i>	<i>Tobacco Product Tracking Number¹ (TP#####)</i>	<i>Submission tracking number for this product² (e.g., SE1234567)</i>	<i>Product Identification Number³</i>	<i>Type of Product Identification Number (see list below)</i>
Nicotiana Cloud 8 Tropical	TP9876543	SE0098765	NC8TROP	Item/Catalog Number

If you have additional products to submit, you may attach additional pages.

Type of Product Identification Number	
1. Item/Catalog Number 2. SKU Number (Stock Keeping Unit) 3. UPC Number (Universal Product Code)	4. EAN (International Article Number) 5. GTIN (Global Trade Item Number) 6. Other (Specify)

¹ EDA Assigned Tobacco Product Tracking Number.
² If this product is under review or has been authorized under a marketing pathway, enter the submission tracking number of the application.
³ If no FDA Assigned Tobacco Product Tracking Number is provided, at least one product identification number must be provided if needed to uniquely identify the product.

SECTION V – COMPONENT IDENTIFICATION

Note: If your tobacco product has multiple components, please submit a separate copy of Section V for each component you list or update.

Product Name (As recorded in Section IV)* Nicotiana Cloud 9 Tropical	Product Category (As recorded in Section IV)* ENDS, Closed E-Cigarette
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Component Type (Select the component type based on the product category.)*

Cigarette Component Types

- Tobacco Filler
 - Tobacco Filler Additive
 - Adhesive
 - Filter
 - Ink (Rod Print)
 - Pack Inner Foil
 - Cigarette Paper
 - Tipping Paper
 - Plug Wrap
 - Other (Specify below)
-

Cigar Component Types

- Tobacco Filler
 - Tobacco Filler Additive
 - Adhesive
 - Filter
 - Tip
 - Tipping Paper
 - Plug Wrap
 - Wrapper/Binder
 - Other (Specify below)
-

ENDS Component Types

- Atomizer
 - Coil/Coil Heads
 - E-Liquid
 - Mouthpiece
 - Tank/Cartridge
 - Wick
 - Other (Specify below)
-

Pipe Component Types

- Tobacco Filler
 - Tobacco Filler Additive
 - Bowl
 - Mouthpiece
 - Shank (without bowl)
 - Other (Specify below)
-

Roll-Your-Own Component Types

- Tobacco Filler
 - Tobacco Filler Additive
 - Adhesive
 - Filter
 - Ink (Rod Print)
 - Cigarette Paper
 - Tipping Paper
 - Plug Wrap
 - Other (Specify below)
-

Smokeless Tobacco Product Component Types

- Tobacco Filler
 - Tobacco Filler Additive
 - Pouch
 - Other (Specify below)
-

Waterpipe Component Types

- Tobacco Filler
 - Tobacco Filler Additive
 - Heat Source
 - Base
 - Bowl
 - Diffuser
 - Foil/Screen
 - Hose
 - Mouthpiece
 - Seal
 - Stem
 - Valve
 - Other (Specify below)
-

Other Tobacco Products (Specify component type below)

Component Name (e.g., Name/type of adhesive, such as Cigarette Rod Adhesive, Tipping Adhesive, Filter Seam Adhesive, Anchor Line Adhesive; or Name/type of tobacco filler additive, such as Casing Tobacco Filler Additive, Top Flavoring Tobacco Filler Additives). (Component Name with same composition if count is other than one (1) (e.g., water pipe hoses, count 3; coils, count 5).

Mouthpiece A

Enter the manufacturer's name and the uniquely identifying item name and/or number used by the manufacturer. If you obtain this component from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary.

Manufacturer Name*	Manufacturer's Uniquely Identifying Component Name and/or Number*
Mouthpiece Maker 1	MPSS004

SECTION VI – INGREDIENT LISTING

Use a separate copy of Section VI for each ingredient you list or update.

Product Name (As recorded in Section IV)* Nicotiana Cloud 9 Tropical	Component Type and Name (As recorded in Section V; or record "NA" if not applicable)* Mouthpiece, Mouthpiece A
Ingredient Name* Mouthpiece A	Ingredient Number (IN#)* 15

1. If submission type d or type e is checked in Section I, indicate the type of additive change (Check only one)*

- Quantity of additive was increased* Date of change (mm/dd/yyyy): _____
- Quantity of additive was decreased* Date of change (mm/dd/yyyy): _____
- Additive was eliminated* Date of change (mm/dd/yyyy): _____
- Additive was added* Date of change (mm/dd/yyyy): _____

PART 1: INGREDIENT IDENTIFICATION (Complete only A, B, or C, as appropriate)

A. Single Chemical Substance

1a. Unique Scientific Name

1b. Type of Name (Select one)

- IUPAC Name Other (Specify): _____

2a. Registry Code

2a. Type of Code

- FDA UNII Code CAS Number Other (Specify): _____

3. Is this Ingredient a Reaction Product? Yes (See immediately below) No (Skip to Part 2)

If Yes, FDA requests that you list the IN# of all ingredients known or intended to form this product.

IN#	IN#	IN#
IN#	IN#	IN#

B. Leaf Tobacco

1. Type (e.g., <i>Burley, Bright, Oriental</i>)*	2. Variety*
3. Cure Method (<i>Select only one</i>)* <input type="checkbox"/> Air <input type="checkbox"/> Steam <input type="checkbox"/> Fire <input type="checkbox"/> Sun <input type="checkbox"/> Flue <input type="checkbox"/> Other (<i>Specify</i>): _____	4. Heat Source (e.g., <i>propane, wood</i>)*
5. Describe any DNA recombinant technology used to engineer the tobacco (<i>If none, enter "none"</i>)*	

C. Complex Purchased Ingredients (e.g., *flavor extracts, tobacco leaf blends, reconstituted tobacco, spices, fruit juice, adhesives, charcoal*)

Enter the manufacturer's name and the unique identifying item name and/or number used by the manufacturer. If you obtain this ingredient from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary

1a. Manufacturer Name*	1b. Unique Identifying Item Name and/or Number*
Mouthpiece Maker 1	MPSS004

2. Is this ingredient made to your specifications?* Yes (*See immediately below*) No (*Skip to Part 2*)

If Yes, enter each specified ingredient by IN#. * You may use continuation pages if necessary. We also request that you attach specifications for this ingredient (e.g., *release specifications*).

IN# 16	IN#	IN#
IN# 17	IN#	IN#

PART 2: INGREDIENT DETAILS (*Applicable to "Single Chemical Substance" and "Complex Ingredient" only. Skip Part 2 for "Leaf Tobacco". You may also skip Part 2 if you are eliminating the ingredient or reporting an increase or decrease in the quantity of the ingredient as you have indicated in Question 1; Under Section VI.*)

1. Quality Unit of Measure and Value (*Check only one and enter value*)

<input type="checkbox"/> Ash Content (%): _____ <input type="checkbox"/> Assayed Contents (%): _____ <input type="checkbox"/> Solids Dry Basis (%): _____ <input type="checkbox"/> Solids Wet Basis (%): _____ <input type="checkbox"/> Moisture (%): _____ <input type="checkbox"/> CORESTA Unit (cm ³ min ⁻¹ cm ⁻² at 1 kPa): _____ <input type="checkbox"/> Quality Conforms to a Published Standard – Citation for Standard (e.g., '21 CFR 175.105', or 'FCC 9 Acesulfame Potassium'): _____	<input type="checkbox"/> Degrees Brix (° Bx): _____ <input type="checkbox"/> Density (g/cm ³): _____ <input type="checkbox"/> Dextrose Equivalent: _____ <input type="checkbox"/> Proof: _____ <input type="checkbox"/> Specific Gravity (unitless): _____ <input type="checkbox"/> Specific Rotation (degrees): _____ <input type="checkbox"/> Other (<i>Specify units</i>): _____, Value: _____
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2. Expected Function(s) (Identify all that apply; use Appendix A for list of functions.)

Aerosol Transmission		

PART 3: QUANTITY (You may skip Part 3 if you are eliminating the ingredient, and Question 1 is checked '1c. Additive was eliminated'.)

1. Unit of Measure*

1a. Unit (Check one)* <input checked="" type="checkbox"/> g <input type="checkbox"/> mg <input type="checkbox"/> mcg <input type="checkbox"/> ng <input type="checkbox"/> pg	1b. Reported per (Check one)* <input checked="" type="checkbox"/> Unit of Use <input type="checkbox"/> Gram of Product
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2. Quantity (Check only one and complete the associated field(s).)*

Special Note: For each numeric field, enter a single value. Do not enter a value range (ex: 5.0-10.0, <1).

Amount Calculated
Singular Quantity: 10

Amount Tested
Mean Quantity: _____

Variability (Check only one then enter values):

- Standard Error: _____
- 95% Confidence Interval: upper limit _____, lower limit _____
- Other (Specify type): _____, (Value): _____

Amount to Achieve An Outcome
Target Outcome Type (Check only one):

- Color
- pH
- Total Sugars
- Moisture
- Other (Specify): _____

Target Outcome Units and Value(s) (Check only one then enter values):

- CIE L*a*b*: L*: _____, a*: _____, b*: _____
- pH Units: _____
- Grams of Total Sugars per Unit of Use: _____
- Grams of Total Sugars per Gram of Product: _____
- Other (Specify Unit): _____, (Value): _____

Typical Quantity: _____, or Minimum Quantity: _____, and Maximum Quantity: _____

Residual Amount
Residual Quantity: _____, Limit of Detection: _____

PART 4: ADDITIONAL COMMENTS

Please provide any additional information or comments about this ingredient, including any internal identifying numbers. If you are adding, deleting, or changing the quantity of an ingredient, please explain why the change was made. If changing the quantity of an ingredient, you are also required to include the quantity prior to the change.

Comprised primarily of stainless steel, mouthpiece not removable from finished product, polymer o-ring for seal to atomizer

Enter the manufacturer's name and the uniquely identifying item name and/or number used by the manufacturer. If you obtain this component from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary.

Manufacturer Name*	Manufacturer's Uniquely Identifying Component Name and/or Number*
Mouthpiece Maker 1	MPSS004

SECTION VI – INGREDIENT LISTING

Use a separate copy of Section VI for each ingredient you list or update.

Product Name (As recorded in Section IV)* Nicotiana Cloud 9 Tropical	Component Type and Name (As recorded in Section V; or record "NA" if not applicable)* Mouthpiece, Mouthpiece A
Ingredient Name* Stainless Steel	Ingredient Number (IN#)* 16

1. If submission type d or type e is checked in Section I, indicate the type of additive change (Check only one)*

- Quantity of additive was increased* Date of change (mm/dd/yyyy): _____
- Quantity of additive was decreased* Date of change (mm/dd/yyyy): _____
- Additive was eliminated* Date of change (mm/dd/yyyy): _____
- Additive was added* Date of change (mm/dd/yyyy): _____

PART 1: INGREDIENT IDENTIFICATION (Complete only A, B, or C, as appropriate)

A. Single Chemical Substance

1a. Unique Scientific Name
 Stainless Steel 304s 18

1b. Type of Name (Select one)

- IUPAC Name
- Other (Specify): British Standard 970

2a. Registry Code
 65997-19-5

2a. Type of Code

- FDA UNII Code
- CAS Number
- Other (Specify): _____

3. Is this Ingredient a Reaction Product? Yes (See immediately below) No (Skip to Part 2)

If Yes, FDA requests that you list the IN# of all ingredients known or intended to form this product.

IN#	IN#	IN#
IN#	IN#	IN#

B. Leaf Tobacco

1. Type (e.g., <i>Burley, Bright, Oriental</i>)*	2. Variety*
3. Cure Method (<i>Select only one</i>)* <input type="checkbox"/> Air <input type="checkbox"/> Steam <input type="checkbox"/> Fire <input type="checkbox"/> Sun <input type="checkbox"/> Flue <input type="checkbox"/> Other (<i>Specify</i>): _____	4. Heat Source (e.g., <i>propane, wood</i>)*
5. Describe any DNA recombinant technology used to engineer the tobacco (<i>If none, enter "none"</i>)*	

C. Complex Purchased Ingredients (e.g., *flavor extracts, tobacco leaf blends, reconstituted tobacco, spices, fruit juice, adhesives, charcoal*)

Enter the manufacturer's name and the unique identifying item name and/or number used by the manufacturer. If you obtain this ingredient from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary

1a. Manufacturer Name*	1b. Unique Identifying Item Name and/or Number*

2. Is this ingredient made to your specifications?* Yes (*See immediately below*) No (*Skip to Part 2*)

*If Yes, enter each specified ingredient by IN#. * You may use continuation pages if necessary. We also request that you attach specifications for this ingredient (e.g., release specifications).*

IN#	IN#	IN#
IN#	IN#	IN#

PART 2: INGREDIENT DETAILS (*Applicable to "Single Chemical Substance" and "Complex Ingredient" only. Skip Part 2 for "Leaf Tobacco". You may also skip Part 2 if you are eliminating the ingredient or reporting an increase or decrease in the quantity of the ingredient as you have indicated in Question 1; Under Section VI.*)

1. Quality Unit of Measure and Value (*Check only one and enter value*)

<input type="checkbox"/> Ash Content (%): _____ <input type="checkbox"/> Assayed Contents (%): _____ <input type="checkbox"/> Solids Dry Basis (%): _____ <input type="checkbox"/> Solids Wet Basis (%): _____ <input type="checkbox"/> Moisture (%): _____ <input type="checkbox"/> CORESTA Unit (cm ³ min ⁻¹ cm ⁻² at 1 kPa): _____ <input checked="" type="checkbox"/> Quality Conforms to a Published Standard – Citation for Standard (e.g., '21 CFR 175.105', or 'FCC 9 Acesulfame Potassium'): BS 970 304	<input type="checkbox"/> Degrees Brix (° Bx): _____ <input type="checkbox"/> Density (g/cm ³): _____ <input type="checkbox"/> Dextrose Equivalent: _____ <input type="checkbox"/> Proof: _____ <input type="checkbox"/> Specific Gravity (unitless): _____ <input type="checkbox"/> Specific Rotation (degrees): _____ <input type="checkbox"/> Other (<i>Specify units</i>): _____, Value: _____
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2. Expected Function(s) (Identify all that apply; use Appendix A for list of functions.)

Aerosol Transmission		

PART 3: QUANTITY (You may skip Part 3 if you are eliminating the ingredient, and Question 1 is checked '1c. Additive was eliminated'.)

1. Unit of Measure*

1a. Unit (Check one)* <input checked="" type="checkbox"/> g <input type="checkbox"/> mg <input type="checkbox"/> mcg <input type="checkbox"/> ng <input type="checkbox"/> pg	1b. Reported per (Check one)* <input checked="" type="checkbox"/> Unit of Use <input type="checkbox"/> Gram of Product
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2. Quantity (Check only one and complete the associated field(s).)*

Special Note: For each numeric field, enter a single value. Do not enter a value range (ex: 5.0-10.0, <1).

Amount Calculated

Singular Quantity: 9 _____

Amount Tested

Mean Quantity: _____

Variability (Check only one then enter values):

Standard Error: _____

95% Confidence Interval: upper limit _____, lower limit _____

Other (Specify type): _____, (Value): _____

Amount to Achieve An Outcome

Target Outcome Type (Check only one):

Color

pH

Total Sugars

Moisture

Other (Specify): _____

Target Outcome Units and Value(s) (Check only one then enter values):

CIE L*a*b*: L*: _____, a*: _____, b*: _____

pH Units: _____

Grams of Total Sugars per Unit of Use: _____

Grams of Total Sugars per Gram of Product: _____

Other (Specify Unit): _____, (Value): _____

Typical Quantity: _____, or Minimum Quantity: _____, and Maximum Quantity: _____

Residual Amount

Residual Quantity: _____, Limit of Detection: _____

PART 4: ADDITIONAL COMMENTS

Please provide any additional information or comments about this ingredient, including any internal identifying numbers. If you are adding, deleting, or changing the quantity of an ingredient, please explain why the change was made. If changing the quantity of an ingredient, you are also required to include the quantity prior to the change.

Ingredient of complex purchased ingredient Mouthpiece A

Enter the manufacturer's name and the uniquely identifying item name and/or number used by the manufacturer. If you obtain this component from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary.

Manufacturer Name*	Manufacturer's Uniquely Identifying Component Name and/or Number*
ENDS Parts Inc.	ORINGSIL004

SECTION VI – INGREDIENT LISTING

Use a separate copy of Section VI for each ingredient you list or update.

Product Name (As recorded in Section IV)* Nicotiana Cloud 9 Tropical	Component Type and Name (As recorded in Section V; or record "NA" if not applicable)* Mouthpiece, Mouthpiece A
Ingredient Name* O-ring Z	Ingredient Number (IN#)* 17

1. If submission type d or type e is checked in Section I, indicate the type of additive change (Check only one)*

- Quantity of additive was increased* Date of change (mm/dd/yyyy): _____
- Quantity of additive was decreased* Date of change (mm/dd/yyyy): _____
- Additive was eliminated* Date of change (mm/dd/yyyy): _____
- Additive was added* Date of change (mm/dd/yyyy): _____

PART 1: INGREDIENT IDENTIFICATION (Complete only A, B, or C, as appropriate)

A. Single Chemical Substance

1a. Unique Scientific Name

1b. Type of Name (Select one)

- IUPAC Name Other (Specify): _____

2a. Registry Code

2a. Type of Code

- FDA UNII Code CAS Number Other (Specify): _____

3. Is this Ingredient a Reaction Product? Yes (See immediately below) No (Skip to Part 2)

If Yes, FDA requests that you list the IN# of all ingredients known or intended to form this product.

IN#	IN#	IN#
IN#	IN#	IN#

B. Leaf Tobacco

1. Type (e.g., <i>Burley, Bright, Oriental</i>)*	2. Variety*
3. Cure Method (<i>Select only one</i>)* <input type="checkbox"/> Air <input type="checkbox"/> Steam <input type="checkbox"/> Fire <input type="checkbox"/> Sun <input type="checkbox"/> Flue <input type="checkbox"/> Other (<i>Specify</i>): _____	4. Heat Source (e.g., <i>propane, wood</i>)*
5. Describe any DNA recombinant technology used to engineer the tobacco (<i>If none, enter "none"</i>)*	

C. Complex Purchased Ingredients (e.g., *flavor extracts, tobacco leaf blends, reconstituted tobacco, spices, fruit juice, adhesives, charcoal*)

Enter the manufacturer's name and the unique identifying item name and/or number used by the manufacturer. If you obtain this ingredient from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary

1a. Manufacturer Name*	1b. Unique Identifying Item Name and/or Number*
ENDS Parts Inc.	ORINGSIL004

2. Is this ingredient made to your specifications?* Yes (*See immediately below*) No (*Skip to Part 2*)

If Yes, enter each specified ingredient by IN#. * You may use continuation pages if necessary. We also request that you attach specifications for this ingredient (e.g., *release specifications*).

IN#	IN#	IN#

PART 2: INGREDIENT DETAILS (*Applicable to "Single Chemical Substance" and "Complex Ingredient" only. Skip Part 2 for "Leaf Tobacco". You may also skip Part 2 if you are eliminating the ingredient or reporting an increase or decrease in the quantity of the ingredient as you have indicated in Question 1; Under Section VI.*)

1. Quality Unit of Measure and Value (*Check only one and enter value*)

<input type="checkbox"/> Ash Content (%): _____ <input type="checkbox"/> Assayed Contents (%): _____ <input type="checkbox"/> Solids Dry Basis (%): _____ <input type="checkbox"/> Solids Wet Basis (%): _____ <input type="checkbox"/> Moisture (%): _____ <input type="checkbox"/> CORESTA Unit (cm ³ min ⁻¹ cm ⁻² at 1 kPa): _____ <input checked="" type="checkbox"/> Quality Conforms to a Published Standard – Citation for Standard (e.g., '21 CFR 175.105', or 'FCC 9 Acesulfame Potassium'): _____ CFR section 177.2600	<input type="checkbox"/> Degrees Brix (° Bx): _____ <input type="checkbox"/> Density (g/cm ³): _____ <input type="checkbox"/> Dextrose Equivalent: _____ <input type="checkbox"/> Proof: _____ <input type="checkbox"/> Specific Gravity (unitless): _____ <input type="checkbox"/> Specific Rotation (degrees): _____ <input type="checkbox"/> Other (<i>Specify units</i>): _____, Value: _____
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2. Expected Function(s) (Identify all that apply; use Appendix A for list of functions.)

Aerosol Transmission		

PART 3: QUANTITY (You may skip Part 3 if you are eliminating the ingredient, and Question 1 is checked '1c. Additive was eliminated'.)

1. Unit of Measure*

1a. Unit (Check one)* <input checked="" type="checkbox"/> g <input type="checkbox"/> mg <input type="checkbox"/> mcg <input type="checkbox"/> ng <input type="checkbox"/> pg	1b. Reported per (Check one)* <input checked="" type="checkbox"/> Unit of Use <input type="checkbox"/> Gram of Product
---	---

2. Quantity (Check only one and complete the associated field(s).)*

Special Note: For each numeric field, enter a single value. Do not enter a value range (ex: 5.0-10.0, <1).

Amount Calculated

Singular Quantity: 1 _____

Amount Tested

Mean Quantity: _____

Variability (Check only one then enter values):

Standard Error: _____

95% Confidence Interval: upper limit _____, lower limit _____

Other (Specify type): _____, (Value): _____

Amount to Achieve An Outcome

Target Outcome Type (Check only one):

Color

pH

Total Sugars

Moisture

Other (Specify): _____

Target Outcome Units and Value(s) (Check only one then enter values):

CIE L*a*b*: L*: _____, a*: _____, b*: _____

pH Units: _____

Grams of Total Sugars per Unit of Use: _____

Grams of Total Sugars per Gram of Product: _____

Other (Specify Unit): _____, (Value): _____

Typical Quantity: _____, or Minimum Quantity: _____, and Maximum Quantity: _____

Residual Amount

Residual Quantity: _____, Limit of Detection: _____

PART 4: ADDITIONAL COMMENTS

Please provide any additional information or comments about this ingredient, including any internal identifying numbers. If you are adding, deleting, or changing the quantity of an ingredient, please explain why the change was made. If changing the quantity of an ingredient, you are also required to include the quantity prior to the change.

Ingredient of complex purchased ingredient Mouthpiece A

SECTION V – COMPONENT IDENTIFICATION

Note: If your tobacco product has multiple components, please submit a separate copy of Section V for each component you list or update.

Product Name (As recorded in Section IV)* Nicotiana Cloud 9 Tropical	Product Category (As recorded in Section IV)* ENDS, Closed E-Cigarette
---	---

Component Type (Select the component type based on the product category.)*

Cigarette Component Types

- Tobacco Filler
 - Tobacco Filler Additive
 - Adhesive
 - Filter
 - Ink (Rod Print)
 - Pack Inner Foil
 - Cigarette Paper
 - Tipping Paper
 - Plug Wrap
 - Other (Specify below)
-

Cigar Component Types

- Tobacco Filler
 - Tobacco Filler Additive
 - Adhesive
 - Filter
 - Tip
 - Tipping Paper
 - Plug Wrap
 - Wrapper/Binder
 - Other (Specify below)
-

ENDS Component Types

- Atomizer
 - Coil/Coil Heads
 - E-Liquid
 - Mouthpiece
 - Tank/Cartridge
 - Wick
 - Other (Specify below)
-

Pipe Component Types

- Tobacco Filler
 - Tobacco Filler Additive
 - Bowl
 - Mouthpiece
 - Shank (without bowl)
 - Other (Specify below)
-

Roll-Your-Own Component Types

- Tobacco Filler
 - Tobacco Filler Additive
 - Adhesive
 - Filter
 - Ink (Rod Print)
 - Cigarette Paper
 - Tipping Paper
 - Plug Wrap
 - Other (Specify below)
-

Smokeless Tobacco Product Component Types

- Tobacco Filler
 - Tobacco Filler Additive
 - Pouch
 - Other (Specify below)
-

Waterpipe Component Types

- Tobacco Filler
 - Tobacco Filler Additive
 - Heat Source
 - Base
 - Bowl
 - Diffuser
 - Foil/Screen
 - Hose
 - Mouthpiece
 - Seal
 - Stem
 - Valve
 - Other (Specify below)
-

Other Tobacco Products (Specify component type below)

Component Name (e.g., Name/type of adhesive, such as Cigarette Rod Adhesive, Tipping Adhesive, Filter Seam Adhesive, Anchor Line Adhesive; or Name/type of tobacco filler additive, such as Casing Tobacco Filler Additive, Top Flavoring Tobacco Filler Additives). (Component Name with same composition if count is other than one (1) (e.g., water pipe hoses, count 3; coils, count 5).

SubOhm Tank 3

Enter the manufacturer's name and the uniquely identifying item name and/or number used by the manufacturer. If you obtain this component from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary.

Manufacturer Name*	Manufacturer's Uniquely Identifying Component Name and/or Number*
ENDS Tank Co	SOTank003

SECTION VI – INGREDIENT LISTING

Use a separate copy of Section VI for each ingredient you list or update.

Product Name (As recorded in Section IV)* Nicotiana Cloud 9 Tropical	Component Type and Name (As recorded in Section V; or record "NA" if not applicable)* Atomizer, SubOhm Tank 3
Ingredient Name* SubOhm Tank 3	Ingredient Number (IN#)* 18

1. If submission type d or type e is checked in Section I, indicate the type of additive change (Check only one)*

- Quantity of additive was increased* Date of change (mm/dd/yyyy): _____
- Quantity of additive was decreased* Date of change (mm/dd/yyyy): _____
- Additive was eliminated* Date of change (mm/dd/yyyy): _____
- Additive was added* Date of change (mm/dd/yyyy): _____

PART 1: INGREDIENT IDENTIFICATION (Complete only A, B, or C, as appropriate)

A. Single Chemical Substance

1a. Unique Scientific Name

1b. Type of Name (Select one)

- IUPAC Name Other (Specify): _____

2a. Registry Code

2a. Type of Code

- FDA UNII Code CAS Number Other (Specify): _____

3. Is this Ingredient a Reaction Product? Yes (See immediately below) No (Skip to Part 2)

If Yes, FDA requests that you list the IN# of all ingredients known or intended to form this product.

IN#	IN#	IN#
IN#	IN#	IN#

B. Leaf Tobacco

1. Type (e.g., <i>Burley, Bright, Oriental</i>)*	2. Variety*
3. Cure Method (<i>Select only one</i>)* <input type="checkbox"/> Air <input type="checkbox"/> Steam <input type="checkbox"/> Fire <input type="checkbox"/> Sun <input type="checkbox"/> Flue <input type="checkbox"/> Other (<i>Specify</i>): _____	4. Heat Source (e.g., <i>propane, wood</i>)*
5. Describe any DNA recombinant technology used to engineer the tobacco (<i>If none, enter "none"</i>)*	

C. Complex Purchased Ingredients (e.g., *flavor extracts, tobacco leaf blends, reconstituted tobacco, spices, fruit juice, adhesives, charcoal*)

Enter the manufacturer's name and the unique identifying item name and/or number used by the manufacturer. If you obtain this ingredient from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary

1a. Manufacturer Name*	1b. Unique Identifying Item Name and/or Number*
ENDS Tank Co	SOTank003

2. Is this ingredient made to your specifications?* Yes (*See immediately below*) No (*Skip to Part 2*)

*If Yes, enter each specified ingredient by IN#. * You may use continuation pages if necessary. We also request that you attach specifications for this ingredient (e.g., release specifications).*

IN#	IN#	IN#
IN#	IN#	IN#

PART 2: INGREDIENT DETAILS (*Applicable to "Single Chemical Substance" and "Complex Ingredient" only. Skip Part 2 for "Leaf Tobacco". You may also skip Part 2 if you are eliminating the ingredient or reporting an increase or decrease in the quantity of the ingredient as you have indicated in Question 1; Under Section VI.*)

1. Quality Unit of Measure and Value (*Check only one and enter value*)

<input type="checkbox"/> Ash Content (%): _____ <input type="checkbox"/> Assayed Contents (%): _____ <input type="checkbox"/> Solids Dry Basis (%): _____ <input type="checkbox"/> Solids Wet Basis (%): _____ <input type="checkbox"/> Moisture (%): _____ <input type="checkbox"/> CORESTA Unit (cm ³ min ⁻¹ cm ⁻² at 1 kPa): _____ <input type="checkbox"/> Quality Conforms to a Published Standard – Citation for Standard (e.g., '21 CFR 175.105', or 'FCC 9 Acesulfame Potassium'): _____	<input type="checkbox"/> Degrees Brix (° Bx): _____ <input type="checkbox"/> Density (g/cm ³): _____ <input type="checkbox"/> Dextrose Equivalent: _____ <input type="checkbox"/> Proof: _____ <input type="checkbox"/> Specific Gravity (unitless): _____ <input type="checkbox"/> Specific Rotation (degrees): _____ <input type="checkbox"/> Other (<i>Specify units</i>): _____, Value: _____
---	---

2. Expected Function(s) (Identify all that apply; use Appendix A for list of functions.)

Heat Conductor		

PART 3: QUANTITY (You may skip Part 3 if you are eliminating the ingredient, and Question 1 is checked '1c. Additive was eliminated'.)

1. Unit of Measure*

1a. Unit (Check one)* <input checked="" type="checkbox"/> g <input type="checkbox"/> mg <input type="checkbox"/> mcg <input type="checkbox"/> ng <input type="checkbox"/> pg	1b. Reported per (Check one)* <input checked="" type="checkbox"/> Unit of Use <input type="checkbox"/> Gram of Product
---	---

2. Quantity (Check only one and complete the associated field(s).)*

Special Note: For each numeric field, enter a single value. Do not enter a value range (ex: 5.0-10.0, <1).

Amount Calculated
Singular Quantity: 72

Amount Tested
Mean Quantity: _____

Variability (Check only one then enter values):

- Standard Error: _____
- 95% Confidence Interval: upper limit _____, lower limit _____
- Other (Specify type): _____, (Value): _____

Amount to Achieve An Outcome
Target Outcome Type (Check only one):

- Color
- pH
- Total Sugars
- Moisture
- Other (Specify): _____

Target Outcome Units and Value(s) (Check only one then enter values):

- CIE L*a*b*: L*: _____, a*: _____, b*: _____
- pH Units: _____
- Grams of Total Sugars per Unit of Use: _____
- Grams of Total Sugars per Gram of Product: _____
- Other (Specify Unit): _____, (Value): _____

Typical Quantity: _____, or Minimum Quantity: _____, and Maximum Quantity: _____

Residual Amount
Residual Quantity: _____, Limit of Detection: _____

PART 4: ADDITIONAL COMMENTS

Please provide any additional information or comments about this ingredient, including any internal identifying numbers. If you are adding, deleting, or changing the quantity of an ingredient, please explain why the change was made. If changing the quantity of an ingredient, you are also required to include the quantity prior to the change.

Nickel Cadmium alloy coil (0.3 ohm resistance), organic cotton wicking material, quartz glass reservoir walls, 6 ml reservoir capacity, stainless steel utilized for majority of other atomizer peices

SECTION V – COMPONENT IDENTIFICATION

Note: If your tobacco product has multiple components, please submit a separate copy of Section V for each component you list or update.

Product Name (As recorded in Section IV)* Nicotiana Cloud 9 Tropical	Product Category (As recorded in Section IV)* ENDS, Closed E-Cigarette
---	---

Component Type (Select the component type based on the product category.)*

Cigarette Component Types

- Tobacco Filler
 - Tobacco Filler Additive
 - Adhesive
 - Filter
 - Ink (Rod Print)
 - Pack Inner Foil
 - Cigarette Paper
 - Tipping Paper
 - Plug Wrap
 - Other (Specify below)
-

Cigar Component Types

- Tobacco Filler
 - Tobacco Filler Additive
 - Adhesive
 - Filter
 - Tip
 - Tipping Paper
 - Plug Wrap
 - Wrapper/Binder
 - Other (Specify below)
-

ENDS Component Types

- Atomizer
 - Coil/Coil Heads
 - E-Liquid
 - Mouthpiece
 - Tank/Cartridge
 - Wick
 - Other (Specify below)
-

Pipe Component Types

- Tobacco Filler
 - Tobacco Filler Additive
 - Bowl
 - Mouthpiece
 - Shank (without bowl)
 - Other (Specify below)
-

Roll-Your-Own Component Types

- Tobacco Filler
 - Tobacco Filler Additive
 - Adhesive
 - Filter
 - Ink (Rod Print)
 - Cigarette Paper
 - Tipping Paper
 - Plug Wrap
 - Other (Specify below)
-

Smokeless Tobacco Product Component Types

- Tobacco Filler
 - Tobacco Filler Additive
 - Pouch
 - Other (Specify below)
-

Waterpipe Component Types

- Tobacco Filler
 - Tobacco Filler Additive
 - Heat Source
 - Base
 - Bowl
 - Diffuser
 - Foil/Screen
 - Hose
 - Mouthpiece
 - Seal
 - Stem
 - Valve
 - Other (Specify below)
-

Other Tobacco Products (Specify component type below)

Component Name (e.g., Name/type of adhesive, such as Cigarette Rod Adhesive, Tipping Adhesive, Filter Seam Adhesive, Anchor Line Adhesive; or Name/type of tobacco filler additive, such as Casing Tobacco Filler Additive, Top Flavoring Tobacco Filler Additives). (Component Name with same composition if count is other than one (1) (e.g., water pipe hoses, count 3; coils, count 5).

Liquid 9 Tropical

Enter the manufacturer's name and the uniquely identifying item name and/or number used by the manufacturer. If you obtain this component from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary.

Manufacturer Name*	Manufacturer's Uniquely Identifying Component Name and/or Number*
Vape Liquid Co.	LNC9T001

SECTION VI – INGREDIENT LISTING

Use a separate copy of Section VI for each ingredient you list or update.

Product Name (As recorded in Section IV)* Nicotiana Cloud 9 Tropical	Component Type and Name (As recorded in Section V; or record "NA" if not applicable)* E-Liquid, Liquid 9 Tropical
Ingredient Name* Vegetable Glycerin	Ingredient Number (IN#)* 19

1. If submission type d or type e is checked in Section I, indicate the type of additive change (Check only one)*

- Quantity of additive was increased* Date of change (mm/dd/yyyy): _____
- Quantity of additive was decreased* Date of change (mm/dd/yyyy): _____
- Additive was eliminated* Date of change (mm/dd/yyyy): _____
- Additive was added* Date of change (mm/dd/yyyy): _____

PART 1: INGREDIENT IDENTIFICATION (Complete only A, B, or C, as appropriate)

A. Single Chemical Substance

1a. Unique Scientific Name
propane-1,2,3-triol

1b. Type of Name (Select one)

- IUPAC Name Other (Specify): _____

2a. Registry Code
56-81-5

2a. Type of Code

- FDA UNII Code CAS Number Other (Specify): _____

3. Is this Ingredient a Reaction Product? Yes (See immediately below) No (Skip to Part 2)

If Yes, FDA requests that you list the IN# of all ingredients known or intended to form this product.

IN#	IN#	IN#
IN#	IN#	IN#

B. Leaf Tobacco

1. Type (e.g., <i>Burley, Bright, Oriental</i>)*	2. Variety*
3. Cure Method (<i>Select only one</i>)* <input type="checkbox"/> Air <input type="checkbox"/> Steam <input type="checkbox"/> Fire <input type="checkbox"/> Sun <input type="checkbox"/> Flue <input type="checkbox"/> Other (<i>Specify</i>): _____	4. Heat Source (e.g., <i>propane, wood</i>)*
5. Describe any DNA recombinant technology used to engineer the tobacco (<i>If none, enter "none"</i>)*	

C. Complex Purchased Ingredients (e.g., *flavor extracts, tobacco leaf blends, reconstituted tobacco, spices, fruit juice, adhesives, charcoal*)

Enter the manufacturer's name and the unique identifying item name and/or number used by the manufacturer. If you obtain this ingredient from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary

1a. Manufacturer Name*	1b. Unique Identifying Item Name and/or Number*

2. Is this ingredient made to your specifications?* Yes (*See immediately below*) No (*Skip to Part 2*)

If Yes, enter each specified ingredient by IN#. * You may use continuation pages if necessary. We also request that you attach specifications for this ingredient (e.g., *release specifications*).

IN#	IN#	IN#
IN#	IN#	IN#

PART 2: INGREDIENT DETAILS (*Applicable to "Single Chemical Substance" and "Complex Ingredient" only. Skip Part 2 for "Leaf Tobacco". You may also skip Part 2 if you are eliminating the ingredient or reporting an increase or decrease in the quantity of the ingredient as you have indicated in Question 1; Under Section VI.*)

1. Quality Unit of Measure and Value (*Check only one and enter value*)

<input type="checkbox"/> Ash Content (%): _____ <input type="checkbox"/> Assayed Contents (%): _____ <input type="checkbox"/> Solids Dry Basis (%): _____ <input type="checkbox"/> Solids Wet Basis (%): _____ <input type="checkbox"/> Moisture (%): _____ <input type="checkbox"/> CORESTA Unit (cm ³ min ⁻¹ cm ⁻² at 1 kPa): _____ <input checked="" type="checkbox"/> Quality Conforms to a Published Standard – Citation for Standard (e.g., '21 CFR 175.105', or 'FCC 9 Acesulfame Potassium'): USP	<input type="checkbox"/> Degrees Brix (° Bx): _____ <input type="checkbox"/> Density (g/cm ³): _____ <input type="checkbox"/> Dextrose Equivalent: _____ <input type="checkbox"/> Proof: _____ <input type="checkbox"/> Specific Gravity (unitless): _____ <input type="checkbox"/> Specific Rotation (degrees): _____ <input type="checkbox"/> Other (<i>Specify units</i>): _____, Value: _____
--	---

2. Expected Function(s) (Identify all that apply; use Appendix A for list of functions.)

Solvent		
Aerosol formation agent		

PART 3: QUANTITY (You may skip Part 3 if you are eliminating the ingredient, and Question 1 is checked '1c. Additive was eliminated'.)

1. Unit of Measure*

1a. Unit (Check one)* <input checked="" type="checkbox"/> g <input type="checkbox"/> mg <input type="checkbox"/> mcg <input type="checkbox"/> ng <input type="checkbox"/> pg	1b. Reported per (Check one)* <input checked="" type="checkbox"/> Unit of Use <input type="checkbox"/> Gram of Product
---	---

2. Quantity (Check only one and complete the associated field(s).)*

Special Note: For each numeric field, enter a single value. Do not enter a value range (ex: 5.0-10.0, <1).

Amount Calculated

Singular Quantity: 3.67

Amount Tested

Mean Quantity: _____

Variability (Check only one then enter values):

- Standard Error: _____
- 95% Confidence Interval: upper limit _____, lower limit _____
- Other (Specify type): _____, (Value): _____

Amount to Achieve An Outcome

Target Outcome Type (Check only one):

- Color
- pH
- Total Sugars
- Moisture
- Other (Specify): _____

Target Outcome Units and Value(s) (Check only one then enter values):

- CIE L*a*b*: L*: _____, a*: _____, b*: _____
- pH Units: _____
- Grams of Total Sugars per Unit of Use: _____
- Grams of Total Sugars per Gram of Product: _____
- Other (Specify Unit): _____, (Value): _____

Typical Quantity: _____, or Minimum Quantity: _____, and Maximum Quantity: _____

Residual Amount

Residual Quantity: _____, Limit of Detection: _____

PART 4: ADDITIONAL COMMENTS

Please provide any additional information or comments about this ingredient, including any internal identifying numbers. If you are adding, deleting, or changing the quantity of an ingredient, please explain why the change was made. If changing the quantity of an ingredient, you are also required to include the quantity prior to the change.

Enter the manufacturer's name and the uniquely identifying item name and/or number used by the manufacturer. If you obtain this component from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary.

Manufacturer Name*	Manufacturer's Uniquely Identifying Component Name and/or Number*
Vape Liquid Co.	LNC9T001

SECTION VI – INGREDIENT LISTING

Use a separate copy of Section VI for each ingredient you list or update.

Product Name (As recorded in Section IV)* Nicotiana Cloud 9 Tropical	Component Type and Name (As recorded in Section V; or record "NA" if not applicable)* E-Liquid, Liquid 9 Tropical
Ingredient Name* Propylene Glycol	Ingredient Number (IN#)* 20

1. If submission type d or type e is checked in Section I, indicate the type of additive change (Check only one)*

- Quantity of additive was increased* Date of change (mm/dd/yyyy): _____
- Quantity of additive was decreased* Date of change (mm/dd/yyyy): _____
- Additive was eliminated* Date of change (mm/dd/yyyy): _____
- Additive was added* Date of change (mm/dd/yyyy): _____

PART 1: INGREDIENT IDENTIFICATION (Complete only A, B, or C, as appropriate)

A. Single Chemical Substance

1a. Unique Scientific Name
propane-1,2-diol

1b. Type of Name (Select one)

- IUPAC Name Other (Specify): _____

2a. Registry Code
57-55-6

2a. Type of Code

- FDA UNII Code CAS Number Other (Specify): _____

3. Is this Ingredient a Reaction Product? Yes (See immediately below) No (Skip to Part 2)

If Yes, FDA requests that you list the IN# of all ingredients known or intended to form this product.

IN#	IN#	IN#
IN#	IN#	IN#

B. Leaf Tobacco

1. Type (e.g., <i>Burley, Bright, Oriental</i>)*	2. Variety*
3. Cure Method (<i>Select only one</i>)* <input type="checkbox"/> Air <input type="checkbox"/> Steam <input type="checkbox"/> Fire <input type="checkbox"/> Sun <input type="checkbox"/> Flue <input type="checkbox"/> Other (<i>Specify</i>): _____	4. Heat Source (e.g., <i>propane, wood</i>)*
5. Describe any DNA recombinant technology used to engineer the tobacco (<i>If none, enter "none"</i>)*	

C. Complex Purchased Ingredients (e.g., *flavor extracts, tobacco leaf blends, reconstituted tobacco, spices, fruit juice, adhesives, charcoal*)

Enter the manufacturer's name and the unique identifying item name and/or number used by the manufacturer. If you obtain this ingredient from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary

1a. Manufacturer Name*	1b. Unique Identifying Item Name and/or Number*

2. Is this ingredient made to your specifications?* Yes (*See immediately below*) No (*Skip to Part 2*)

If Yes, enter each specified ingredient by IN#. * You may use continuation pages if necessary. We also request that you attach specifications for this ingredient (e.g., release specifications).

IN#	IN#	IN#
IN#	IN#	IN#

PART 2: INGREDIENT DETAILS (*Applicable to "Single Chemical Substance" and "Complex Ingredient" only. Skip Part 2 for "Leaf Tobacco". You may also skip Part 2 if you are eliminating the ingredient or reporting an increase or decrease in the quantity of the ingredient as you have indicated in Question 1; Under Section VI.*)

1. Quality Unit of Measure and Value (*Check only one and enter value*)

<input type="checkbox"/> Ash Content (%): _____ <input type="checkbox"/> Assayed Contents (%): _____ <input type="checkbox"/> Solids Dry Basis (%): _____ <input type="checkbox"/> Solids Wet Basis (%): _____ <input type="checkbox"/> Moisture (%): _____ <input type="checkbox"/> CORESTA Unit (cm ³ min ⁻¹ cm ⁻² at 1 kPa): _____ <input checked="" type="checkbox"/> Quality Conforms to a Published Standard – Citation for Standard (e.g., '21 CFR 175.105', or 'FCC 9 Acesulfame Potassium'): USP	<input type="checkbox"/> Degrees Brix (° Bx): _____ <input type="checkbox"/> Density (g/cm ³): _____ <input type="checkbox"/> Dextrose Equivalent: _____ <input type="checkbox"/> Proof: _____ <input type="checkbox"/> Specific Gravity (unitless): _____ <input type="checkbox"/> Specific Rotation (degrees): _____ <input type="checkbox"/> Other (<i>Specify units</i>): _____, Value: _____
--	---

2. Expected Function(s) (Identify all that apply; use Appendix A for list of functions.)

Solvent		
Aerosol formation agent		

PART 3: QUANTITY (You may skip Part 3 if you are eliminating the ingredient, and Question 1 is checked '1c. Additive was eliminated'.)

1. Unit of Measure*

1a. Unit (Check one)* <input checked="" type="checkbox"/> g <input type="checkbox"/> mg <input type="checkbox"/> mcg <input type="checkbox"/> ng <input type="checkbox"/> pg	1b. Reported per (Check one)* <input checked="" type="checkbox"/> Unit of Use <input type="checkbox"/> Gram of Product
---	---

2. Quantity (Check only one and complete the associated field(s).)*

Special Note: For each numeric field, enter a single value. Do not enter a value range (ex: 5.0-10.0, <1).

Amount Calculated

Singular Quantity: 3.03

Amount Tested

Mean Quantity: _____

Variability (Check only one then enter values):

Standard Error: _____

95% Confidence Interval: upper limit _____, lower limit _____

Other (Specify type): _____, (Value): _____

Amount to Achieve An Outcome

Target Outcome Type (Check only one):

Color

pH

Total Sugars

Moisture

Other (Specify): _____

Target Outcome Units and Value(s) (Check only one then enter values):

CIE L*a*b*: L*: _____, a*: _____, b*: _____

pH Units: _____

Grams of Total Sugars per Unit of Use: _____

Grams of Total Sugars per Gram of Product: _____

Other (Specify Unit): _____, (Value): _____

Typical Quantity: _____, or Minimum Quantity: _____, and Maximum Quantity: _____

Residual Amount

Residual Quantity: _____, Limit of Detection: _____

PART 4: ADDITIONAL COMMENTS

Please provide any additional information or comments about this ingredient, including any internal identifying numbers. If you are adding, deleting, or changing the quantity of an ingredient, please explain why the change was made. If changing the quantity of an ingredient, you are also required to include the quantity prior to the change.

Enter the manufacturer's name and the uniquely identifying item name and/or number used by the manufacturer. If you obtain this component from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary.

Manufacturer Name*	Manufacturer's Uniquely Identifying Component Name and/or Number*
Vape Liquid Co.	LNC9T001

SECTION VI – INGREDIENT LISTING

Use a separate copy of Section VI for each ingredient you list or update.

Product Name (As recorded in Section IV)* Nicotiana Cloud 9 Tropical	Component Type and Name (As recorded in Section V; or record "NA" if not applicable)* E-Liquid, Liquid 9 Tropical
Ingredient Name* Cocoa Extract	Ingredient Number (IN#)* 21

1. If submission type d or type e is checked in Section I, indicate the type of additive change (Check only one)*

- Quantity of additive was increased* Date of change (mm/dd/yyyy): _____
- Quantity of additive was decreased* Date of change (mm/dd/yyyy): _____
- Additive was eliminated* Date of change (mm/dd/yyyy): _____
- Additive was added* Date of change (mm/dd/yyyy): _____

PART 1: INGREDIENT IDENTIFICATION (Complete only A, B, or C, as appropriate)

A. Single Chemical Substance

1a. Unique Scientific Name

1b. Type of Name (Select one)

- IUPAC Name Other (Specify): _____

2a. Registry Code

2a. Type of Code

- FDA UNII Code CAS Number Other (Specify): _____

3. Is this Ingredient a Reaction Product? Yes (See immediately below) No (Skip to Part 2)

If Yes, FDA requests that you list the IN# of all ingredients known or intended to form this product.

IN#	IN#	IN#
IN#	IN#	IN#

B. Leaf Tobacco

1. Type (e.g., <i>Burley, Bright, Oriental</i>)*	2. Variety*
3. Cure Method (<i>Select only one</i>)* <input type="checkbox"/> Air <input type="checkbox"/> Steam <input type="checkbox"/> Fire <input type="checkbox"/> Sun <input type="checkbox"/> Flue <input type="checkbox"/> Other (<i>Specify</i>): _____	4. Heat Source (e.g., <i>propane, wood</i>)*
5. Describe any DNA recombinant technology used to engineer the tobacco (<i>If none, enter "none"</i>)*	

C. Complex Purchased Ingredients (e.g., *flavor extracts, tobacco leaf blends, reconstituted tobacco, spices, fruit juice, adhesives, charcoal*)

Enter the manufacturer's name and the unique identifying item name and/or number used by the manufacturer. If you obtain this ingredient from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary

1a. Manufacturer Name*	1b. Unique Identifying Item Name and/or Number*
Flavor House 1	Cocoa Extract FLVR1234

2. Is this ingredient made to your specifications?* Yes (*See immediately below*) No (*Skip to Part 2*)

*If Yes, enter each specified ingredient by IN#. * You may use continuation pages if necessary. We also request that you attach specifications for this ingredient (e.g., release specifications).*

IN#	IN#	IN#

PART 2: INGREDIENT DETAILS (*Applicable to "Single Chemical Substance" and "Complex Ingredient" only. Skip Part 2 for "Leaf Tobacco". You may also skip Part 2 if you are eliminating the ingredient or reporting an increase or decrease in the quantity of the ingredient as you have indicated in Question 1; Under Section VI.*)

1. Quality Unit of Measure and Value (*Check only one and enter value*)

<input type="checkbox"/> Ash Content (%): _____ <input type="checkbox"/> Assayed Contents (%): _____ <input type="checkbox"/> Solids Dry Basis (%): _____ <input type="checkbox"/> Solids Wet Basis (%): _____ <input type="checkbox"/> Moisture (%): _____ <input type="checkbox"/> CORESTA Unit (cm ³ min ⁻¹ cm ⁻² at 1 kPa): _____ <input type="checkbox"/> Quality Conforms to a Published Standard – Citation for Standard (e.g., '21 CFR 175.105', or 'FCC 9 Acesulfame Potassium'): _____	<input type="checkbox"/> Degrees Brix (° Bx): _____ <input type="checkbox"/> Density (g/cm ³): _____ <input type="checkbox"/> Dextrose Equivalent: _____ <input type="checkbox"/> Proof: _____ <input type="checkbox"/> Specific Gravity (unitless): _____ <input type="checkbox"/> Specific Rotation (degrees): _____ <input type="checkbox"/> Other (<i>Specify units</i>): _____, Value: _____
---	---

2. Expected Function(s) (Identify all that apply; use Appendix A for list of functions.)

Flavor		

PART 3: QUANTITY (You may skip Part 3 if you are eliminating the ingredient, and Question 1 is checked '1c. Additive was eliminated'.)

1. Unit of Measure*

1a. Unit (Check one)* <input type="checkbox"/> g <input checked="" type="checkbox"/> mg <input type="checkbox"/> mcg <input type="checkbox"/> ng <input type="checkbox"/> pg	1b. Reported per (Check one)* <input checked="" type="checkbox"/> Unit of Use <input type="checkbox"/> Gram of Product
---	---

2. Quantity (Check only one and complete the associated field(s).)*

Special Note: For each numeric field, enter a single value. Do not enter a value range (ex: 5.0-10.0, <1).

Amount Calculated
Singular Quantity: 4 _____

Amount Tested
Mean Quantity: _____

Variability (Check only one then enter values):

- Standard Error: _____
- 95% Confidence Interval: upper limit _____, lower limit _____
- Other (Specify type): _____, (Value): _____

Amount to Achieve An Outcome
Target Outcome Type (Check only one):

- Color
- pH
- Total Sugars
- Moisture
- Other (Specify): _____

Target Outcome Units and Value(s) (Check only one then enter values):

- CIE L*a*b*: L*: _____, a*: _____, b*: _____
- pH Units: _____
- Grams of Total Sugars per Unit of Use: _____
- Grams of Total Sugars per Gram of Product: _____
- Other (Specify Unit): _____, (Value): _____

Typical Quantity: _____, or Minimum Quantity: _____, and Maximum Quantity: _____

Residual Amount
Residual Quantity: _____, Limit of Detection: _____

PART 4: ADDITIONAL COMMENTS

Please provide any additional information or comments about this ingredient, including any internal identifying numbers. If you are adding, deleting, or changing the quantity of an ingredient, please explain why the change was made. If changing the quantity of an ingredient, you are also required to include the quantity prior to the change.

All ingredients stated to meet relevant USP testing standards as reported by Flavor House 1

Enter the manufacturer's name and the uniquely identifying item name and/or number used by the manufacturer. If you obtain this component from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary.

Manufacturer Name*	Manufacturer's Uniquely Identifying Component Name and/or Number*
Vape Liquid Co.	LNC9T001

SECTION VI – INGREDIENT LISTING

Use a separate copy of Section VI for each ingredient you list or update.

Product Name (As recorded in Section IV)* Nicotiana Cloud 9 Tropical	Component Type and Name (As recorded in Section V; or record "NA" if not applicable)* E-Liquid, Liquid 9 Tropical
Ingredient Name* Tasty Flavor 1	Ingredient Number (IN#)* 22

1. If submission type d or type e is checked in Section I, indicate the type of additive change (Check only one)*

- Quantity of additive was increased* Date of change (mm/dd/yyyy): _____
- Quantity of additive was decreased* Date of change (mm/dd/yyyy): _____
- Additive was eliminated* Date of change (mm/dd/yyyy): _____
- Additive was added* Date of change (mm/dd/yyyy): _____

PART 1: INGREDIENT IDENTIFICATION (Complete only A, B, or C, as appropriate)

A. Single Chemical Substance

1a. Unique Scientific Name

1b. Type of Name (Select one)

- IUPAC Name Other (Specify): _____

2a. Registry Code

2a. Type of Code

- FDA UNII Code CAS Number Other (Specify): _____

3. Is this Ingredient a Reaction Product? Yes (See immediately below) No (Skip to Part 2)

If Yes, FDA requests that you list the IN# of all ingredients known or intended to form this product.

IN#	IN#	IN#
IN#	IN#	IN#

B. Leaf Tobacco

1. Type (e.g., <i>Burley, Bright, Oriental</i>)*	2. Variety*
3. Cure Method (<i>Select only one</i>)* <input type="checkbox"/> Air <input type="checkbox"/> Steam <input type="checkbox"/> Fire <input type="checkbox"/> Sun <input type="checkbox"/> Flue <input type="checkbox"/> Other (<i>Specify</i>): _____	4. Heat Source (e.g., <i>propane, wood</i>)*
5. Describe any DNA recombinant technology used to engineer the tobacco (<i>If none, enter "none"</i>)*	

C. Complex Purchased Ingredients (e.g., *flavor extracts, tobacco leaf blends, reconstituted tobacco, spices, fruit juice, adhesives, charcoal*)

Enter the manufacturer's name and the unique identifying item name and/or number used by the manufacturer. If you obtain this ingredient from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary

1a. Manufacturer Name*	1b. Unique Identifying Item Name and/or Number*
Flavor House 1	Tstyflvr1-A2

2. Is this ingredient made to your specifications?* Yes (*See immediately below*) No (*Skip to Part 2*)

If Yes, enter each specified ingredient by IN#. * You may use continuation pages if necessary. We also request that you attach specifications for this ingredient (e.g., release specifications).

IN# 23	IN# 25	IN#
IN# 24	IN# 26	IN#

PART 2: INGREDIENT DETAILS (*Applicable to "Single Chemical Substance" and "Complex Ingredient" only. Skip Part 2 for "Leaf Tobacco". You may also skip Part 2 if you are eliminating the ingredient or reporting an increase or decrease in the quantity of the ingredient as you have indicated in Question 1; Under Section VI.*)

1. Quality Unit of Measure and Value (*Check only one and enter value*)

<input type="checkbox"/> Ash Content (%): _____ <input type="checkbox"/> Assayed Contents (%): _____ <input type="checkbox"/> Solids Dry Basis (%): _____ <input type="checkbox"/> Solids Wet Basis (%): _____ <input type="checkbox"/> Moisture (%): _____ <input type="checkbox"/> CORESTA Unit (cm ³ min ⁻¹ cm ⁻² at 1 kPa): _____ <input checked="" type="checkbox"/> Quality Conforms to a Published Standard – Citation for Standard (e.g., '21 CFR 175.105', or 'FCC 9 Acesulfame Potassium'): USP	<input type="checkbox"/> Degrees Brix (° Bx): _____ <input type="checkbox"/> Density (g/cm ³): _____ <input type="checkbox"/> Dextrose Equivalent: _____ <input type="checkbox"/> Proof: _____ <input type="checkbox"/> Specific Gravity (unitless): _____ <input type="checkbox"/> Specific Rotation (degrees): _____ <input type="checkbox"/> Other (<i>Specify units</i>): _____, Value: _____
--	---

2. Expected Function(s) (Identify all that apply; use Appendix A for list of functions.)

Flavor		

PART 3: QUANTITY (You may skip Part 3 if you are eliminating the ingredient, and Question 1 is checked '1c. Additive was eliminated'.)

1. Unit of Measure*

1a. Unit (Check one)* <input type="checkbox"/> g <input checked="" type="checkbox"/> mg <input type="checkbox"/> mcg <input type="checkbox"/> ng <input type="checkbox"/> pg	1b. Reported per (Check one)* <input checked="" type="checkbox"/> Unit of Use <input type="checkbox"/> Gram of Product
---	---

2. Quantity (Check only one and complete the associated field(s).)*

Special Note: For each numeric field, enter a single value. Do not enter a value range (ex: 5.0-10.0, <1).

Amount Calculated
Singular Quantity: 12

Amount Tested
Mean Quantity: _____

Variability (Check only one then enter values):

- Standard Error: _____
- 95% Confidence Interval: upper limit _____, lower limit _____
- Other (Specify type): _____, (Value): _____

Amount to Achieve An Outcome
Target Outcome Type (Check only one):
 Color
 pH
 Total Sugars
 Moisture
 Other (Specify): _____

Target Outcome Units and Value(s) (Check only one then enter values):

- CIE L*a*b*: L*: _____, a*: _____, b*: _____
- pH Units: _____
- Grams of Total Sugars per Unit of Use: _____
- Grams of Total Sugars per Gram of Product: _____
- Other (Specify Unit): _____, (Value): _____

Typical Quantity: _____, or Minimum Quantity: _____, and Maximum Quantity: _____

Residual Amount
Residual Quantity: _____, Limit of Detection: _____

PART 4: ADDITIONAL COMMENTS

Please provide any additional information or comments about this ingredient, including any internal identifying numbers. If you are adding, deleting, or changing the quantity of an ingredient, please explain why the change was made. If changing the quantity of an ingredient, you are also required to include the quantity prior to the change.

All ingredients stated to meet relevant USP testing standards as reported by Flavor House 1

Enter the manufacturer's name and the uniquely identifying item name and/or number used by the manufacturer. If you obtain this component from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary.

Manufacturer Name*	Manufacturer's Uniquely Identifying Component Name and/or Number*
Vape Liquid Co.	LNC9T001

SECTION VI – INGREDIENT LISTING

Use a separate copy of Section VI for each ingredient you list or update.

Product Name (As recorded in Section IV)* Nicotiana Cloud 9 Tropical	Component Type and Name (As recorded in Section V; or record "NA" if not applicable)* E-Liquid, Liquid 9 Tropical
Ingredient Name* Vanillin	Ingredient Number (IN#)* 23

1. If submission type d or type e is checked in Section I, indicate the type of additive change (Check only one)*

- Quantity of additive was increased* Date of change (mm/dd/yyyy): _____
- Quantity of additive was decreased* Date of change (mm/dd/yyyy): _____
- Additive was eliminated* Date of change (mm/dd/yyyy): _____
- Additive was added* Date of change (mm/dd/yyyy): _____

PART 1: INGREDIENT IDENTIFICATION (Complete only A, B, or C, as appropriate)

A. Single Chemical Substance

1a. Unique Scientific Name

4-Hydroxy-3-methoxybenzaldehyde

1b. Type of Name (Select one)

- IUPAC Name Other (Specify): _____

2a. Registry Code

121-33-5

2a. Type of Code

- FDA UNII Code CAS Number Other (Specify): _____

3. Is this Ingredient a Reaction Product?

- Yes (See immediately below) No (Skip to Part 2)

If Yes, FDA requests that you list the IN# of all ingredients known or intended to form this product.

IN#	IN#	IN#
IN#	IN#	IN#

B. Leaf Tobacco

1. Type (e.g., <i>Burley, Bright, Oriental</i>)*	2. Variety*
3. Cure Method (<i>Select only one</i>)* <input type="checkbox"/> Air <input type="checkbox"/> Steam <input type="checkbox"/> Fire <input type="checkbox"/> Sun <input type="checkbox"/> Flue <input type="checkbox"/> Other (<i>Specify</i>): _____	4. Heat Source (e.g., <i>propane, wood</i>)*
5. Describe any DNA recombinant technology used to engineer the tobacco (<i>If none, enter "none"</i>)*	

C. Complex Purchased Ingredients (e.g., *flavor extracts, tobacco leaf blends, reconstituted tobacco, spices, fruit juice, adhesives, charcoal*)

Enter the manufacturer's name and the unique identifying item name and/or number used by the manufacturer. If you obtain this ingredient from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary

1a. Manufacturer Name*	1b. Unique Identifying Item Name and/or Number*

2. Is this ingredient made to your specifications?* Yes (*See immediately below*) No (*Skip to Part 2*)

*If Yes, enter each specified ingredient by IN#. * You may use continuation pages if necessary. We also request that you attach specifications for this ingredient (e.g., release specifications).*

IN#	IN#	IN#
IN#	IN#	IN#

PART 2: INGREDIENT DETAILS (*Applicable to "Single Chemical Substance" and "Complex Ingredient" only. Skip Part 2 for "Leaf Tobacco". You may also skip Part 2 if you are eliminating the ingredient or reporting an increase or decrease in the quantity of the ingredient as you have indicated in Question 1; Under Section VI.*)

1. Quality Unit of Measure and Value (*Check only one and enter value*)

<input type="checkbox"/> Ash Content (%): _____ <input type="checkbox"/> Assayed Contents (%): _____ <input type="checkbox"/> Solids Dry Basis (%): _____ <input type="checkbox"/> Solids Wet Basis (%): _____ <input type="checkbox"/> Moisture (%): _____ <input type="checkbox"/> CORESTA Unit (cm ³ min ⁻¹ cm ⁻² at 1 kPa): _____ <input checked="" type="checkbox"/> Quality Conforms to a Published Standard – Citation for Standard (e.g., '21 CFR 175.105', or 'FCC 9 Acesulfame Potassium'): EU 178/2002	<input type="checkbox"/> Degrees Brix (° Bx): _____ <input type="checkbox"/> Density (g/cm ³): _____ <input type="checkbox"/> Dextrose Equivalent: _____ <input type="checkbox"/> Proof: _____ <input type="checkbox"/> Specific Gravity (unitless): _____ <input type="checkbox"/> Specific Rotation (degrees): _____ <input type="checkbox"/> Other (<i>Specify units</i>): _____, Value: _____
--	---

2. Expected Function(s) (Identify all that apply; use Appendix A for list of functions.)

Flavor		

PART 3: QUANTITY (You may skip Part 3 if you are eliminating the ingredient, and Question 1 is checked '1c. Additive was eliminated'.)

1. Unit of Measure*

1a. Unit (Check one)* <input type="checkbox"/> g <input checked="" type="checkbox"/> mg <input type="checkbox"/> mcg <input type="checkbox"/> ng <input type="checkbox"/> pg	1b. Reported per (Check one)* <input checked="" type="checkbox"/> Unit of Use <input type="checkbox"/> Gram of Product
---	---

2. Quantity (Check only one and complete the associated field(s).)*

Special Note: For each numeric field, enter a single value. Do not enter a value range (ex: 5.0-10.0, <1).

Amount Calculated

Singular Quantity: 3 _____

Amount Tested

Mean Quantity: _____

Variability (Check only one then enter values):

Standard Error: _____

95% Confidence Interval: upper limit _____, lower limit _____

Other (Specify type): _____, (Value): _____

Amount to Achieve An Outcome

Target Outcome Type (Check only one):

Color

pH

Total Sugars

Moisture

Other (Specify): _____

Target Outcome Units and Value(s) (Check only one then enter values):

CIE L*a*b*: L*: _____, a*: _____, b*: _____

pH Units: _____

Grams of Total Sugars per Unit of Use: _____

Grams of Total Sugars per Gram of Product: _____

Other (Specify Unit): _____, (Value): _____

Typical Quantity: _____, or Minimum Quantity: _____, and Maximum Quantity: _____

Residual Amount

Residual Quantity: _____, Limit of Detection: _____

PART 4: ADDITIONAL COMMENTS

Please provide any additional information or comments about this ingredient, including any internal identifying numbers. If you are adding, deleting, or changing the quantity of an ingredient, please explain why the change was made. If changing the quantity of an ingredient, you are also required to include the quantity prior to the change.

Ingredient of complex purchased ingredient Tasty Flavor 1

Enter the manufacturer's name and the uniquely identifying item name and/or number used by the manufacturer. If you obtain this component from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary.

Manufacturer Name*	Manufacturer's Uniquely Identifying Component Name and/or Number*
Vape Liquid Co.	LNC9T001

SECTION VI – INGREDIENT LISTING

Use a separate copy of Section VI for each ingredient you list or update.

Product Name (As recorded in Section IV)* Nicotiana Cloud 9 Tropical	Component Type and Name (As recorded in Section V; or record "NA" if not applicable)* E-Liquid, Liquid 9 Tropical
Ingredient Name* Trans Anethole	Ingredient Number (IN#)* 24

1. If submission type d or type e is checked in Section I, indicate the type of additive change (Check only one)*

- Quantity of additive was increased* Date of change (mm/dd/yyyy): _____
- Quantity of additive was decreased* Date of change (mm/dd/yyyy): _____
- Additive was eliminated* Date of change (mm/dd/yyyy): _____
- Additive was added* Date of change (mm/dd/yyyy): _____

PART 1: INGREDIENT IDENTIFICATION (Complete only A, B, or C, as appropriate)

A. Single Chemical Substance

1a. Unique Scientific Name

1-Methoxy-4-[(1E)-prop-1-en-1-yl]benzene

1b. Type of Name (Select one)

- IUPAC Name Other (Specify): _____

2a. Registry Code

104-46-1

2a. Type of Code

- FDA UNII Code CAS Number Other (Specify): _____

3. Is this Ingredient a Reaction Product?

- Yes (See immediately below) No (Skip to Part 2)

If Yes, FDA requests that you list the IN# of all ingredients known or intended to form this product.

IN#	IN#	IN#
IN#	IN#	IN#

B. Leaf Tobacco

1. Type (e.g., <i>Burley, Bright, Oriental</i>)*	2. Variety*
3. Cure Method (<i>Select only one</i>)* <input type="checkbox"/> Air <input type="checkbox"/> Steam <input type="checkbox"/> Fire <input type="checkbox"/> Sun <input type="checkbox"/> Flue <input type="checkbox"/> Other (<i>Specify</i>): _____	4. Heat Source (e.g., <i>propane, wood</i>)*
5. Describe any DNA recombinant technology used to engineer the tobacco (<i>If none, enter "none"</i>)*	

C. Complex Purchased Ingredients (e.g., *flavor extracts, tobacco leaf blends, reconstituted tobacco, spices, fruit juice, adhesives, charcoal*)

Enter the manufacturer's name and the unique identifying item name and/or number used by the manufacturer. If you obtain this ingredient from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary

1a. Manufacturer Name*	1b. Unique Identifying Item Name and/or Number*

2. Is this ingredient made to your specifications?* Yes (*See immediately below*) No (*Skip to Part 2*)

If Yes, enter each specified ingredient by IN#. * You may use continuation pages if necessary. We also request that you attach specifications for this ingredient (e.g., release specifications).

IN#	IN#	IN#
IN#	IN#	IN#

PART 2: INGREDIENT DETAILS (*Applicable to "Single Chemical Substance" and "Complex Ingredient" only. Skip Part 2 for "Leaf Tobacco". You may also skip Part 2 if you are eliminating the ingredient or reporting an increase or decrease in the quantity of the ingredient as you have indicated in Question 1; Under Section VI.*)

1. Quality Unit of Measure and Value (*Check only one and enter value*)

<input type="checkbox"/> Ash Content (%): _____ <input type="checkbox"/> Assayed Contents (%): _____ <input type="checkbox"/> Solids Dry Basis (%): _____ <input type="checkbox"/> Solids Wet Basis (%): _____ <input type="checkbox"/> Moisture (%): _____ <input type="checkbox"/> CORESTA Unit (cm ³ min ⁻¹ cm ⁻² at 1 kPa): _____ <input checked="" type="checkbox"/> Quality Conforms to a Published Standard – Citation for Standard (e.g., '21 CFR 175.105', or 'FCC 9 Acesulfame Potassium'): EU 178/2002	<input type="checkbox"/> Degrees Brix (° Bx): _____ <input type="checkbox"/> Density (g/cm ³): _____ <input type="checkbox"/> Dextrose Equivalent: _____ <input type="checkbox"/> Proof: _____ <input type="checkbox"/> Specific Gravity (unitless): _____ <input type="checkbox"/> Specific Rotation (degrees): _____ <input type="checkbox"/> Other (<i>Specify units</i>): _____, Value: _____
--	---

2. Expected Function(s) (Identify all that apply; use Appendix A for list of functions.)

Flavor		

PART 3: QUANTITY (You may skip Part 3 if you are eliminating the ingredient, and Question 1 is checked '1c. Additive was eliminated'.)

1. Unit of Measure*

1a. Unit (Check one)* <input type="checkbox"/> g <input checked="" type="checkbox"/> mg <input type="checkbox"/> mcg <input type="checkbox"/> ng <input type="checkbox"/> pg	1b. Reported per (Check one)* <input checked="" type="checkbox"/> Unit of Use <input type="checkbox"/> Gram of Product
---	---

2. Quantity (Check only one and complete the associated field(s).)*

Special Note: For each numeric field, enter a single value. Do not enter a value range (ex: 5.0-10.0, <1).

Amount Calculated

Singular Quantity: 3 _____

Amount Tested

Mean Quantity: _____

Variability (Check only one then enter values):

- Standard Error: _____
- 95% Confidence Interval: upper limit _____, lower limit _____
- Other (Specify type): _____, (Value): _____

Amount to Achieve An Outcome

Target Outcome Type (Check only one):

- Color
- pH
- Total Sugars
- Moisture
- Other (Specify): _____

Target Outcome Units and Value(s) (Check only one then enter values):

- CIE L*a*b*: L*: _____, a*: _____, b*: _____
- pH Units: _____
- Grams of Total Sugars per Unit of Use: _____
- Grams of Total Sugars per Gram of Product: _____
- Other (Specify Unit): _____, (Value): _____

Typical Quantity: _____, or Minimum Quantity: _____, and Maximum Quantity: _____

Residual Amount

Residual Quantity: _____, Limit of Detection: _____

PART 4: ADDITIONAL COMMENTS

Please provide any additional information or comments about this ingredient, including any internal identifying numbers. If you are adding, deleting, or changing the quantity of an ingredient, please explain why the change was made. If changing the quantity of an ingredient, you are also required to include the quantity prior to the change.

Ingredient of complex purchased ingredient Tasty Flavor 1

Enter the manufacturer's name and the uniquely identifying item name and/or number used by the manufacturer. If you obtain this component from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary.

Manufacturer Name*	Manufacturer's Uniquely Identifying Component Name and/or Number*
Vape Liquid Co.	LNC9T001

SECTION VI – INGREDIENT LISTING

Use a separate copy of Section VI for each ingredient you list or update.

Product Name (As recorded in Section IV)* Nicotiana Cloud 9 Tropical	Component Type and Name (As recorded in Section V; or record "NA" if not applicable)* E-Liquid, Liquid 9 Tropical
Ingredient Name* Water	Ingredient Number (IN#)* 25

1. If submission type d or type e is checked in Section I, indicate the type of additive change (Check only one)*

- Quantity of additive was increased* Date of change (mm/dd/yyyy): _____
- Quantity of additive was decreased* Date of change (mm/dd/yyyy): _____
- Additive was eliminated* Date of change (mm/dd/yyyy): _____
- Additive was added* Date of change (mm/dd/yyyy): _____

PART 1: INGREDIENT IDENTIFICATION (Complete only A, B, or C, as appropriate)

A. Single Chemical Substance

1a. Unique Scientific Name
oxidane

1b. Type of Name (Select one)

- IUPAC Name Other (Specify): _____

2a. Registry Code
7732-18-5

2a. Type of Code

- FDA UNII Code CAS Number Other (Specify): _____

3. Is this Ingredient a Reaction Product? Yes (See immediately below) No (Skip to Part 2)

If Yes, FDA requests that you list the IN# of all ingredients known or intended to form this product.

IN#	IN#	IN#
IN#	IN#	IN#

B. Leaf Tobacco

1. Type (e.g., <i>Burley, Bright, Oriental</i>)*	2. Variety*
3. Cure Method (<i>Select only one</i>)* <input type="checkbox"/> Air <input type="checkbox"/> Steam <input type="checkbox"/> Fire <input type="checkbox"/> Sun <input type="checkbox"/> Flue <input type="checkbox"/> Other (<i>Specify</i>): _____	4. Heat Source (e.g., <i>propane, wood</i>)*
5. Describe any DNA recombinant technology used to engineer the tobacco (<i>If none, enter "none"</i>)*	

C. Complex Purchased Ingredients (e.g., *flavor extracts, tobacco leaf blends, reconstituted tobacco, spices, fruit juice, adhesives, charcoal*)

Enter the manufacturer's name and the unique identifying item name and/or number used by the manufacturer. If you obtain this ingredient from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary

1a. Manufacturer Name*	1b. Unique Identifying Item Name and/or Number*

2. Is this ingredient made to your specifications?* Yes (*See immediately below*) No (*Skip to Part 2*)

If Yes, enter each specified ingredient by IN#. * You may use continuation pages if necessary. We also request that you attach specifications for this ingredient (e.g., *release specifications*).

IN#	IN#	IN#
IN#	IN#	IN#

PART 2: INGREDIENT DETAILS (*Applicable to "Single Chemical Substance" and "Complex Ingredient" only. Skip Part 2 for "Leaf Tobacco". You may also skip Part 2 if you are eliminating the ingredient or reporting an increase or decrease in the quantity of the ingredient as you have indicated in Question 1; Under Section VI.*)

1. Quality Unit of Measure and Value (*Check only one and enter value*)

<input type="checkbox"/> Ash Content (%): _____ <input type="checkbox"/> Assayed Contents (%): _____ <input type="checkbox"/> Solids Dry Basis (%): _____ <input type="checkbox"/> Solids Wet Basis (%): _____ <input type="checkbox"/> Moisture (%): _____ <input type="checkbox"/> CORESTA Unit (cm ³ min ⁻¹ cm ⁻² at 1 kPa): _____ <input checked="" type="checkbox"/> Quality Conforms to a Published Standard – Citation for Standard (e.g., '21 CFR 175.105', or 'FCC 9 Acesulfame Potassium'): <u>USP Water for Inhalation</u>	<input type="checkbox"/> Degrees Brix (° Bx): _____ <input type="checkbox"/> Density (g/cm ³): _____ <input type="checkbox"/> Dextrose Equivalent: _____ <input type="checkbox"/> Proof: _____ <input type="checkbox"/> Specific Gravity (unitless): _____ <input type="checkbox"/> Specific Rotation (degrees): _____ <input type="checkbox"/> Other (<i>Specify units</i>): _____, Value: _____
--	---

2. Expected Function(s) (Identify all that apply; use Appendix A for list of functions.)

Solvent		

PART 3: QUANTITY (You may skip Part 3 if you are eliminating the ingredient, and Question 1 is checked '1c. Additive was eliminated'.)

1. Unit of Measure*

1a. Unit (Check one)* <input type="checkbox"/> g <input checked="" type="checkbox"/> mg <input type="checkbox"/> mcg <input type="checkbox"/> ng <input type="checkbox"/> pg	1b. Reported per (Check one)* <input checked="" type="checkbox"/> Unit of Use <input type="checkbox"/> Gram of Product
---	---

2. Quantity (Check only one and complete the associated field(s).)*

Special Note: For each numeric field, enter a single value. Do not enter a value range (ex: 5.0-10.0, <1).

Amount Calculated

Singular Quantity: 3 _____

Amount Tested

Mean Quantity: _____

Variability (Check only one then enter values):

Standard Error: _____

95% Confidence Interval: upper limit _____, lower limit _____

Other (Specify type): _____, (Value): _____

Amount to Achieve An Outcome

Target Outcome Type (Check only one):

Color

pH

Total Sugars

Moisture

Other (Specify): _____

Target Outcome Units and Value(s) (Check only one then enter values):

CIE L*a*b*: L*: _____, a*: _____, b*: _____

pH Units: _____

Grams of Total Sugars per Unit of Use: _____

Grams of Total Sugars per Gram of Product: _____

Other (Specify Unit): _____, (Value): _____

Typical Quantity: _____, or Minimum Quantity: _____, and Maximum Quantity: _____

Residual Amount

Residual Quantity: _____, Limit of Detection: _____

PART 4: ADDITIONAL COMMENTS

Please provide any additional information or comments about this ingredient, including any internal identifying numbers. If you are adding, deleting, or changing the quantity of an ingredient, please explain why the change was made. If changing the quantity of an ingredient, you are also required to include the quantity prior to the change.

Ingredient of complex purchased ingredient Tasty Flavor 1

Enter the manufacturer's name and the uniquely identifying item name and/or number used by the manufacturer. If you obtain this component from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary.

Manufacturer Name*	Manufacturer's Uniquely Identifying Component Name and/or Number*
Vape Liquid Co.	LNC9T001

SECTION VI – INGREDIENT LISTING

Use a separate copy of Section VI for each ingredient you list or update.

Product Name (As recorded in Section IV)* Nicotiana Cloud 9 Tropical	Component Type and Name (As recorded in Section V; or record "NA" if not applicable)* E-Liquid, Liquid 9 Tropical
Ingredient Name* Anisic Aldehyde	Ingredient Number (IN#)* 26

1. If submission type d or type e is checked in Section I, indicate the type of additive change (Check only one)*

- Quantity of additive was increased* Date of change (mm/dd/yyyy): _____
- Quantity of additive was decreased* Date of change (mm/dd/yyyy): _____
- Additive was eliminated* Date of change (mm/dd/yyyy): _____
- Additive was added* Date of change (mm/dd/yyyy): _____

PART 1: INGREDIENT IDENTIFICATION (Complete only A, B, or C, as appropriate)

A. Single Chemical Substance

1a. Unique Scientific Name
4-methoxybenzaldehyde

1b. Type of Name (Select one)

- IUPAC Name Other (Specify): _____

2a. Registry Code
123-11-5

2a. Type of Code

- FDA UNII Code CAS Number Other (Specify): _____

3. Is this Ingredient a Reaction Product? Yes (See immediately below) No (Skip to Part 2)

If Yes, FDA requests that you list the IN# of all ingredients known or intended to form this product.

IN#	IN#	IN#
IN#	IN#	IN#

B. Leaf Tobacco

1. Type (e.g., <i>Burley, Bright, Oriental</i>)*	2. Variety*
3. Cure Method (<i>Select only one</i>)* <input type="checkbox"/> Air <input type="checkbox"/> Steam <input type="checkbox"/> Fire <input type="checkbox"/> Sun <input type="checkbox"/> Flue <input type="checkbox"/> Other (<i>Specify</i>): _____	4. Heat Source (e.g., <i>propane, wood</i>)*
5. Describe any DNA recombinant technology used to engineer the tobacco (<i>If none, enter "none"</i>)*	

C. Complex Purchased Ingredients (e.g., *flavor extracts, tobacco leaf blends, reconstituted tobacco, spices, fruit juice, adhesives, charcoal*)

Enter the manufacturer's name and the unique identifying item name and/or number used by the manufacturer. If you obtain this ingredient from multiple sources, enter all identifying information for each source below. You may use continuation pages as necessary

1a. Manufacturer Name*	1b. Unique Identifying Item Name and/or Number*

2. Is this ingredient made to your specifications?* Yes (*See immediately below*) No (*Skip to Part 2*)

If Yes, enter each specified ingredient by IN#. * You may use continuation pages if necessary. We also request that you attach specifications for this ingredient (e.g., *release specifications*).

IN#	IN#	IN#
IN#	IN#	IN#

PART 2: INGREDIENT DETAILS (*Applicable to "Single Chemical Substance" and "Complex Ingredient" only. Skip Part 2 for "Leaf Tobacco". You may also skip Part 2 if you are eliminating the ingredient or reporting an increase or decrease in the quantity of the ingredient as you have indicated in Question 1; Under Section VI.*)

1. Quality Unit of Measure and Value (*Check only one and enter value*)

<input type="checkbox"/> Ash Content (%): _____ <input type="checkbox"/> Assayed Contents (%): _____ <input type="checkbox"/> Solids Dry Basis (%): _____ <input type="checkbox"/> Solids Wet Basis (%): _____ <input type="checkbox"/> Moisture (%): _____ <input type="checkbox"/> CORESTA Unit (cm ³ min ⁻¹ cm ⁻² at 1 kPa): _____ <input checked="" type="checkbox"/> Quality Conforms to a Published Standard – Citation for Standard (e.g., '21 CFR 175.105', or 'FCC 9 Acesulfame Potassium'): EU 178/2002	<input type="checkbox"/> Degrees Brix (° Bx): _____ <input type="checkbox"/> Density (g/cm ³): _____ <input type="checkbox"/> Dextrose Equivalent: _____ <input type="checkbox"/> Proof: _____ <input type="checkbox"/> Specific Gravity (unitless): _____ <input type="checkbox"/> Specific Rotation (degrees): _____ <input type="checkbox"/> Other (<i>Specify units</i>): _____, Value: _____
--	---

2. Expected Function(s) (Identify all that apply; use Appendix A for list of functions.)

Flavor		

PART 3: QUANTITY (You may skip Part 3 if you are eliminating the ingredient, and Question 1 is checked '1c. Additive was eliminated'.)

1. Unit of Measure*

1a. Unit (Check one)* <input type="checkbox"/> g <input checked="" type="checkbox"/> mg <input type="checkbox"/> mcg <input type="checkbox"/> ng <input type="checkbox"/> pg	1b. Reported per (Check one)* <input checked="" type="checkbox"/> Unit of Use <input type="checkbox"/> Gram of Product
---	---

2. Quantity (Check only one and complete the associated field(s).)*

Special Note: For each numeric field, enter a single value. Do not enter a value range (ex: 5.0-10.0, <1).

Amount Calculated

Singular Quantity: 3 _____

Amount Tested

Mean Quantity: _____

Variability (Check only one then enter values):

- Standard Error: _____
- 95% Confidence Interval: upper limit _____, lower limit _____
- Other (Specify type): _____, (Value): _____

Amount to Achieve An Outcome

Target Outcome Type (Check only one):

- Color
- pH
- Total Sugars
- Moisture
- Other (Specify): _____

Target Outcome Units and Value(s) (Check only one then enter values):

- CIE L*a*b*: L*: _____, a*: _____, b*: _____
- pH Units: _____
- Grams of Total Sugars per Unit of Use: _____
- Grams of Total Sugars per Gram of Product: _____
- Other (Specify Unit): _____, (Value): _____

Typical Quantity: _____, or Minimum Quantity: _____, and Maximum Quantity: _____

Residual Amount

Residual Quantity: _____, Limit of Detection: _____

PART 4: ADDITIONAL COMMENTS

Please provide any additional information or comments about this ingredient, including any internal identifying numbers. If you are adding, deleting, or changing the quantity of an ingredient, please explain why the change was made. If changing the quantity of an ingredient, you are also required to include the quantity prior to the change.

Ingredient of complex purchased ingredient Tasty Flavor 1

SECTION VII – CONFIRMATION STATEMENT

The data and information in this submission have been reviewed and, to the best of my knowledge, are certified to be true and accurate. I agree to report changes to this information as required under section 904(c) of the act.

Agree

WARNING:

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

Signature of Authorized Representative or U.S. Agent

Date

03/14/2017

Check here if same as the submitter point of contact information in Section II. If so, you may skip to Company Name.

Prefix (e.g., Mr., Ms., Dr.):

First/Given Name	M.I.	Last Name	Generational Suffix (e.g., Jr., III)
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Professional Suffix (e.g., MD, Ph.D.)	Position Title	Email Address
---------------------------------------	----------------	---------------

Telephone (Include Country Code if applicable)	FAX
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Company Name* Check here if same as submitter, and skip to Address.

Address* <input checked="" type="checkbox"/> Check here if same as submitter company's, and skip address items.	City*
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State, Province or Territory*	Country	ZIP or Postal Code*
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REFERENCES

Reference for the Tobacco Control Act:

<http://www.fda.gov/TobaccoProducts/Labeling/RulesRegulationsGuidance/ucm281147.htm>

Reference for *Guidance on Listing of Ingredients in Tobacco Products*:

<http://www.fda.gov/TobaccoProducts/Labeling/RulesRegulationsGuidance/ucm281147.htm>

Reference for SRS UNII:

<http://www.fda.gov/ForIndustry/DataStandards/SubstanceRegistrationSystem-UniqueIngredientIdentifierUNII/default.htm>

For regulatory questions regarding sections 904 and 905 of the act, email TobaccoIndustryQuestions@fda.hhs.gov.

Regulatory Submissions can be mailed to:

Food and Drug Administration
Center for Tobacco Products
Document Control Center
Building 71, Room G335
10903 New Hampshire Avenue
Silver Spring, MD 20993-0002

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 3 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services
Food and Drug Administration
Office of Operations
Paperwork Reduction Act (PRA) Staff
PRAStaff@fda.hhs.gov

“An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number.”

APPENDIX A - INGREDIENT FUNCTION LIST

<ol style="list-style-type: none"> 1. Addictiveness enhancer (including nicotine addictiveness enhancer such as an agent that affects the dosing, perception or action of nicotine) 2. Adhesive 3. Aerosol forming agent 4. Anti-foaming agent 5. Anti-plasticizer 6. Anti-sticking agent 7. Antioxidant 8. Binder 9. Biocide 10. Carrier 11. Casing 12. Chemo-sensory agent that affects perception of mainstream or sidestream smoke including smoke color modifiers, smoke odor modifiers and smoke enhancers) 13. Coating agent 14. Color 15. Combustion modifier 16. Dispersant 17. Drying agent 18. Emulsifier 19. Fermentation agent 20. Fiber 21. Filler 22. Film-forming agent 23. Filtration 24. Flavor 	<ol style="list-style-type: none"> 25. Fuel for heat source 26. Heat conductor 27. Heat insulator 28. Humectant 29. Ink 30. Lip release agent 31. Menthol delivery 32. Moisture barrier 33. Moisturizer 34. Nicotine source 35. Oxygen barrier 36. pH adjuster 37. pH buffer 38. Plasticizer 39. Porosity control agent 40. Preservative 41. Processing aid 42. Reduced ignition propensity 43. Sizing agent 44. Solvent 45. Surfactant 46. Sweetener 47. Texture control agent 48. Whitener 49. Wrapper 50. Other (<i>Specify below</i>): <u>Aerosol Transmission</u> _____ _____
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DEFINITIONS

FDA intends to use the following definitions in implementing the ingredient listing requirements of section 904 of the act.

1. **Additive:** The term “additive” means “any substance the intended use of which results or may reasonably be expected to result, directly or indirectly, in its becoming a component or otherwise affecting the characteristic of any tobacco product (including any substances intended for use as a flavoring or coloring or in producing, manufacturing, packing, processing, preparing, treating, packaging, transporting, or holding), except that such term does not include tobacco or a pesticide chemical residue in or on raw tobacco or a pesticide chemical” (section 900(1) of the act (21 U.S.C. 387(1))).
2. **Co-package:** A co-package is a tobacco product that is offered for sale containing multiple distinct tobacco products (e.g., a can of RYO tobacco that includes a booklet of rolling paper), as opposed to containing a quantity of the same tobacco product (e.g., a pack of 20 cigarettes).
3. **Component or Part:** Component or part means any software or assembly of materials intended or reasonably expected: 1) to alter or affect the tobacco product’s performance, composition, constituents or characteristics; or 2) to be used with or for the human consumption of a tobacco product. The term excludes anything that is an accessory of a tobacco product.
4. **Importer:** The term “importer” means any person who imports any tobacco product that is intended for sale or distribution to consumers in the United States.
5. **Manufacturer:** The term manufacturer means any person, including any repacker and/or relabeler, who manufactures, fabricates, assembles, processes, or labels a finished tobacco product.
6. **Pouch:** The term “pouch” means a permeable material, intended to be filled with pre-portioned tobacco product and placed in the oral cavity with the tobacco product.
7. **Tobacco Product:** The term “tobacco product” means “any product made or derived from tobacco that is intended for human consumption, including any component, part, or accessory of a tobacco product (except for raw materials other than tobacco used in manufacturing a component, part, or accessory of a tobacco product)” (section 201(rr) of the act (21 U.S.C. 321(rr))). This term does not include an article that is a drug, a device, or a combination product as defined in the act (section 201(rr) of the act (21 U.S.C. 321(rr))). Thus, the term is not limited to products containing tobacco, but also includes components, parts, and accessories of tobacco products, whether they are sold for further manufacturing or for consumer use. For example, tobacco, papers and filters are tobacco products, whether they are sold to consumers for use with roll-your-own tobacco or are sold for further manufacturing into a product sold to a consumer, such as a cigarette.

INSTRUCTIONS

NOTE: Required fields in this form are designated by asterisks (*).

NOTE: Sections I, II, III, IV and VII only need to be completed once for each unique tobacco product or tobacco product co-package.

For additional details and instructions or specific questions, please refer to the [FDA Guidance for Industry: Listing of Ingredients in Tobacco Products](#)

Section I – Submission Type

Check one Submission Type as appropriate. Please refer to definitions on page 1 and the special notes on the bottom of Section I.

Section II – Submission Identification

Identify whether the submitter is the manufacturer or the importer. Under section 904(a)(1), submission of ingredient information for imported products may be submitted by either the manufacturer or the importer. Submission of ingredient information under 904(c)(1) of the act must be submitted by the manufacturer.

If you are reporting as an importer, and you are also a domestic tobacco product manufacturer, then you are also to submit the ingredient information for the products you manufacture. In this situation, you would submit twice -- once as an importer and once as a tobacco product manufacturer.

You must provide the submitting party's name and address. If you are submitting on behalf of the manufacturer or importer as an agent, report information for the manufacturer or importer, not your own information.

Section III – Manufacturer of Imported Products

Complete all contact fields as indicated. If you are reporting ingredient information for products from multiple manufacturers, please submit a separate submission for each manufacturer.

Section IV – Tobacco Product Identification

If you have previously submitted registration and listing information under section 905 of the act, you should have received an acknowledgement containing FDA-assigned tracking numbers (TP#####) for each of your products. If you choose to enter this tracking number, you may skip item 4. If you do not have an FDA-assigned tracking number for your product, complete all required identifying information in Section IV. Complete this section for each brand and sub-brand for which ingredient information is being submitted.

Report in item 5 if the product is to be sold to consumers for their use, for further manufacture, or both sale for consumer use and also further manufacture.

Report in item 7 the Category and Subcategory or Category and Component for all tobacco products.

For example: if you were reporting on a finished cigarette you might check category: "Cigarettes", subcategory: "Combusted, Filtered" and then move to Section V to provide each component and its ingredients. Alternatively, if you were reporting on a cigarette filter sold for further manufacture you might check category cigarette and component and then move to Section to fill out component type.

For reporting of a co-packaged product, consisting of multiple product categories and/or subcategories, check the Yes box at item 6 and all relevant boxes in item 7.

For example: if you were reporting on a Roll-Your-Own Tobacco Filler with Rolling Papers included, you would check category: "Roll-Your-Own Tobacco Products", subcategory: "Roll-Your-Own Tobacco Filler",

and subcategory: "Rolling Paper". You would then move to Section V to provide each component and its ingredients.

Section V – Component Identification

Complete all fields as indicated. If this tobacco product has multiple components, list each component and its ingredients separately. Complete a separate copy of Section V for each component for which ingredient information is being submitted.

For Component Type, enter only a single component type and the specific component name here each time. If the reported product is a co-packaged product consisting of components of more than one product category (e.g., Cigarette and RYO), ensure to identify the product categories and the component names (e.g., Cigarette Filter; RYO Filter).

For example if you are reporting on the adhesives for cigarettes including the tipping paper and the rod, you would report the component type as adhesive and the specific component name as tipping paper adhesive and then you would list the ingredients within that tipping paper adhesive; you would then fill out Section V for cigarette rod adhesive and provide the ingredients for the cigarette rod.

Section VI – Ingredient Listing

If you are submitting ingredient lists for multiple products in a single submission, enter the product name and/or tracking number on Sections IV, V and VI, such that the ingredient information can be linked to a given product. This section should be completed for each ingredient listed. Multiple copies of this section may be submitted.

You should also assign a unique ingredient number (IN#) for each ingredient. This may be done by sequential numbering or by any other system you devise. Keep records of these numbers for reporting updates to your ingredients. Ingredient numbers must be used when linking specified ingredients to complex ingredients.

Part 1: Ingredient Identification

Complete the section of Part 1.A, 1.B, or 1.C, as applicable for the type of ingredient. If you are listing a single chemical substance, for instance, you would complete only Part 1.A before moving on to Part 2.

Part 1.A: Single Chemical Substance

Item 3: If this ingredient is a reaction product, FDA requests that you identify each ingredient known or intended to form this product using their ingredient numbers (IN#). You may use continuation sheets if necessary.

Part 1.B: Leaf Tobacco

Each type of leaf tobacco is to be reported as a separate ingredient. Tobacco that has been processed with any chemical, additive, or substance other than potable water is listed in Part 1.C. Similarly, tobacco blends or reconstituted tobacco is reported in Part 1.C.

Part 1.C: Complex Ingredients

Item 1: Complex ingredients must be identified by a manufacturer's name and a uniquely identifying item name and/or number. If you obtain this ingredient from multiple sources, you must list the manufacturer's name and uniquely identifying item name and/or number for each source. You may use continuation pages as necessary.

Item 2: For a complex ingredient custom made to your specifications, each specified ingredient must be identified by its ingredient number (IN#). FDA requests that you submit any additional specifications (e.g. release specifications, acceptance criteria, certificate of analysis) by attaching separate pages to this form.

Part 2: Ingredient Details

Complete this section for single chemical substances and complex ingredients. If you are eliminating or reporting a change (increase or decrease) in the quantity of an additive, you may skip Part 3. If you are reporting a new single chemical substance or complex ingredient, complete all required fields.

Part 3: Quantity

Complete this section for all ingredients. If you are eliminating an additive, you may skip to Section VII. If you are reporting a new additive or a change in the quantity of an additive, complete all required fields.

Part 4: Additional Comments

Please attach or use this space to provide any additional information or comments about this ingredient, including any internal identifying numbers. If you are adding, eliminating or changing the quantity of an ingredient, please explain why the change was made. If changing the quantity of an ingredient, you are also required to include the quantity prior to the change.

NOTE: All ingredient information included in Section VI corresponding to a component listed in Section V, should be attached (in a paper form) immediately after the component information in Section V. For example, following the information for the e-liquid component of an ENDS tobacco product, should be separate ingredient information sheets corresponding to each of the ingredients in the e-liquid (e.g., nicotine, propylene glycol, glycerin, flavorant).

Section VII - Confirmation Statement

Please sign and date your submission. Enter all required identifying information in this section. Check your submission to ensure that all continuation pages or attachments are appropriately identified at the top of the page with the product name, FDA-assigned tracking number, ingredient name and IN#, as appropriate.