

SECTION V – DEEMED TOBACCO PRODUCT LISTING

Sections V should be completed for each product listed. (Multiple copies of pages 6 through 8 may be submitted.)

1. Product Name* (i.e., brand/sub-brand or other commercial name used in commercial distribution – e.g., Acme E-Cig or Acme Cigar)
 HUGHES MADURO (TORPEDO)

2. Product Identification Number (Must be provided if needed to uniquely identify the product)
 123299887654

3. Type of Product Identification Number (Check only one)

- Item/Catalog Number
- SKU Number
- UPC Number

4. Intended Use of Product (Check one)*

- Consumer Use (Go to question 5)
- Further Manufacturing Use (Skip to question 6)

5. Consumer Use Product Category (Check applicable)*

<p>Cigar</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cigar Tobacco <input checked="" type="checkbox"/> Cigar <input type="checkbox"/> Other (Specify below) _____ <p>Cigar Component or Part</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cigar Filter <input type="checkbox"/> Cigar Paper <input type="checkbox"/> Cigar Tip <input type="checkbox"/> Cigar Tipping Paper <input type="checkbox"/> Cigar Wrapper <input type="checkbox"/> Other (Specify below) _____ <p>Pipe Tobacco</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pipe Tobacco <input type="checkbox"/> Pipe Tobacco Kit <input type="checkbox"/> Other (Specify below) _____ <p>Waterpipe Tobacco</p> <ul style="list-style-type: none"> <input type="checkbox"/> Waterpipe Tobacco <input type="checkbox"/> Other (Specify below) _____ <p>Waterpipe Tobacco Component or Part</p> <ul style="list-style-type: none"> <input type="checkbox"/> Waterpipe Tobacco Base <input type="checkbox"/> Waterpipe Tobacco Bowl <input type="checkbox"/> Waterpipe Tobacco Cinder 	<ul style="list-style-type: none"> <input type="checkbox"/> Waterpipe Tobacco Diffuser <input type="checkbox"/> Waterpipe Tobacco Flavor Enhancer <input type="checkbox"/> Waterpipe Tobacco Foil/Screen <input type="checkbox"/> Waterpipe Tobacco Gasket <input type="checkbox"/> Waterpipe Tobacco Grommet <input type="checkbox"/> Waterpipe Tobacco Hose <input type="checkbox"/> Waterpipe Tobacco Hose Cooling Attachment <input type="checkbox"/> Waterpipe Tobacco Mouthpiece <input type="checkbox"/> Waterpipe Tobacco Valve <input type="checkbox"/> Waterpipe Tobacco Stem <input type="checkbox"/> Waterpipe Tobacco Filtration Base Additives <input type="checkbox"/> Other (Specify below) _____ <p>Electronic Nicotine Delivery System</p> <p><input type="checkbox"/> ENDS Open (Select from list) _____</p> <p><input type="checkbox"/> ENDS Closed (Select from list) _____</p> <p>Electronic Nicotine Delivery System Component or Part</p> <ul style="list-style-type: none"> <input type="checkbox"/> E-Liquid <input type="checkbox"/> ENDS Adapter <input type="checkbox"/> ENDS Atomizer 	<ul style="list-style-type: none"> <input type="checkbox"/> ENDS Battery <input type="checkbox"/> ENDS Bridge <input type="checkbox"/> ENDS Cartomizer <input type="checkbox"/> ENDS Cartridge <input type="checkbox"/> ENDS Charger <input type="checkbox"/> ENDS Clearomizer <input type="checkbox"/> ENDS Coil <input type="checkbox"/> ENDS Digital Display/Lights <input type="checkbox"/> ENDS Drip Tip <input type="checkbox"/> ENDS Drip Well <input type="checkbox"/> ENDS Filler Material <input type="checkbox"/> ENDS Filter <input type="checkbox"/> ENDS Mouthpiece <input type="checkbox"/> ENDS Software <input type="checkbox"/> ENDS Tank <input type="checkbox"/> Other (Specify below) _____ <p><input type="checkbox"/> Other (Specify below) _____</p>
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6. Further Manufacturing Use Product Category (Check applicable)*

<p>Cigar</p> <p><input type="checkbox"/> Cigar Tobacco</p> <p><input type="checkbox"/> Cigar</p> <p><input type="checkbox"/> Other (Specify below) _____</p> <p>Cigar Component or Part</p> <p><input type="checkbox"/> Cigar Filter</p> <p><input type="checkbox"/> Cigar Paper</p> <p><input type="checkbox"/> Cigar Tip</p> <p><input type="checkbox"/> Cigar Tipping Paper</p> <p><input type="checkbox"/> Cigar Wrapper</p> <p><input type="checkbox"/> Other (Specify below) _____</p> <p>Pipe Tobacco</p> <p><input type="checkbox"/> Pipe Tobacco</p> <p><input type="checkbox"/> Pipe Tobacco Kit</p> <p><input type="checkbox"/> Other (Specify below) _____</p> <p>Waterpipe Tobacco</p> <p><input type="checkbox"/> Waterpipe Tobacco</p> <p><input type="checkbox"/> Other (Specify below) _____</p> <p>Waterpipe Tobacco Component or Part</p> <p><input type="checkbox"/> Waterpipe Tobacco Base</p> <p><input type="checkbox"/> Waterpipe Tobacco Bowl</p> <p><input type="checkbox"/> Waterpipe Tobacco Cinder</p>	<p><input type="checkbox"/> Waterpipe Tobacco Diffuser</p> <p><input type="checkbox"/> Waterpipe Tobacco Flavor Enhancer</p> <p><input type="checkbox"/> Waterpipe Tobacco Foil/Screen</p> <p><input type="checkbox"/> Waterpipe Tobacco Gasket</p> <p><input type="checkbox"/> Waterpipe Tobacco Grommet</p> <p><input type="checkbox"/> Waterpipe Tobacco Hose</p> <p><input type="checkbox"/> Waterpipe Tobacco Hose Cooling Attachment</p> <p><input type="checkbox"/> Waterpipe Tobacco Mouthpiece</p> <p><input type="checkbox"/> Waterpipe Tobacco Valve</p> <p><input type="checkbox"/> Waterpipe Tobacco Stem</p> <p><input type="checkbox"/> Waterpipe Tobacco Filtration Base Additives</p> <p><input type="checkbox"/> Other (Specify below) _____</p> <p>Electronic Nicotine Delivery System</p> <p>ENDS Open (Select from list) _____</p> <p>ENDS Closed (Select from list) _____</p> <p>Electronic Nicotine Delivery System Component or Part</p> <p><input type="checkbox"/> E-Liquid</p> <p><input type="checkbox"/> ENDS Adapter</p> <p><input type="checkbox"/> ENDS Atomizer</p>	<p><input type="checkbox"/> ENDS Battery</p> <p><input type="checkbox"/> ENDS Bridge</p> <p><input type="checkbox"/> ENDS Cartomizer</p> <p><input type="checkbox"/> ENDS Cartridge</p> <p><input type="checkbox"/> ENDS Charger</p> <p><input type="checkbox"/> ENDS Clearomizer</p> <p><input type="checkbox"/> ENDS Coil</p> <p><input type="checkbox"/> ENDS Digital Display/Lights</p> <p><input type="checkbox"/> ENDS Drip Tip</p> <p><input type="checkbox"/> ENDS Drip Well</p> <p><input type="checkbox"/> ENDS Filler Material</p> <p><input type="checkbox"/> ENDS Filter</p> <p><input type="checkbox"/> ENDS Mouthpiece</p> <p><input type="checkbox"/> ENDS Software</p> <p><input type="checkbox"/> ENDS Tank</p> <p><input type="checkbox"/> Other (Specify below) _____</p> <p><input type="checkbox"/> Other (Specify below) _____</p>
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7. Flavor (Check applicable)

Menthol None

Other (Specify): _____

8. If submission is an Update to a Product List (per 905(i) (3)) (previously submitted to FDA) (Make applicable entries)

If known, enter the FDA-assigned tracking number (e.g., TP#####) for your tobacco product.

If your product has been introduced to market, discontinued or reintroduced since your last product listing, indicate the most recent change.*

N/A

Provide the appropriate date:*

9. **Advertising** (A representative sampling of advertising may be required. Please see the guidance document, Section IV.C.2. for additional details. Representative samples, appropriately identified, are to be submitted with this form. For each advertisement, we request that you provide the following optional information below. You may use Appendix A as a continuation sheet if needed.)

8a. Type of Advertising Material (e.g., magazine ad)	8b. Title	8c. Unique ID or Internal ID Number	8d. Date First Disseminated (mm/dd/yyyy)
Catalogue	Hughes Catalogue, Summer 2016	CAT082016	08/08/2016
Point-of-Sale	POS, Pacific NW	POS082016	08/08/2016

10. **Labeling*** (All labeling, appropriately identified, is to be submitted with this form. For each item of labeling, we request that you provide the following optional information below. You may use Appendix B as a continuation sheet if needed.)

10a. Universal Product Code(s) (UPC)
234300123456

10b. Type of Labeling Material (e.g., package label)	10c. Title	10d. Unique ID or Internal ID Number	10e. Date First Disseminated (mm/dd/yyyy)
Cellophane Wrapper	HM Torpedo Individual Wrapper	Single LAB082016	08/08/2016
Shipping Box	HM Torpedo Box	Box LAB082016	08/08/2016

11. **Consumer Information** (Consumer information may be required. Please see the guidance document, Section IV.C.2. for additional details. All consumer information, appropriately identified, is to be submitted with this form. For each item, we request that you provide the following optional information below. You may use Appendix C as a continuation sheet if needed.)

11a. Type of Consumer Information (e.g., consumer brochure)	11b. Title	11c. Unique ID or Internal ID Number	11d. Date First Disseminated (mm/dd/yyyy)