

## Tobacco Tax Notification of Modified Risk Order

This form must be completed to notify the Department that the U.S. Food and Drug Administration (FDA) has issued a modified risk order under 21 USC 387k(g)(1) or (g)(2) for the manufacturer's tobacco product. This form must also be submitted to the Department within 10 days to provide notice of renewal by the FDA, or within 10 days of a rescission, withdrawal, or expiration of a modified risk order.

<b>PART 1: BUSINESS INFORMATION</b>			
Tobacco Product Manufacturer Name		Tobacco Product Manufacturer FEIN	
Legal Address	City	State	ZIP Code
Contact Name	Contact Telephone Number	Contact Email Address	
<b>PART 2: TOBACCO PRODUCT INFORMATION</b>			
The following information must be completed for each tobacco product type for which a Modified Risk Order has been granted. For multiple products, you may attach a spreadsheet or document containing all of the following information for each product.			
Tobacco Product Category (Select one of the following):			
<input type="checkbox"/> Cigarette		<input type="checkbox"/> Other Tobacco Products	
Tobacco Product Name		Tobacco Product Quantity (as offered for sale)	
General Description of Tobacco Product (e.g., Heat-Not-Burn or Heat Stick, Very Low Nicotine Cigarette, Smokeless Tobacco)			
Tobacco Product Brand Family		Tobacco Product UPCs	
FDA Order Type (Select one of the following):			
<input type="checkbox"/> Risk Modification (21 USC 387k(g)(1))		<input type="checkbox"/> Exposure Modification (21 USC 387k(g)(2))	
FDA Order Effective Date (MM/DD/YYYY)		Is this a renewal of a previously issued FDA Order?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>PART 3: MODIFIED RISK ORDER TERMINATION</b>			
Has the Modified Risk Order previously been reported to the Department expired or been rescinded, withdrawn, or otherwise terminated?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, complete the following:			
<input type="checkbox"/> Expired		<input type="checkbox"/> Withdrawal by FDA (provide copy of FDA order or decision(s))	
<input type="checkbox"/> Withdrawal by Tobacco Product Manufacturer (provide documentation)		<input type="checkbox"/> Rescission by FDA (provide copy of FDA order or decision)	
FDA Order Termination Date (MM/DD/YYYY)			
<b>PART 4: ATTACHMENTS - IMPORTANT</b>			
A copy of the applicable modified risk documentation (e.g., FDA modified risk order(s) and any related decisions or withdrawals) must be attached to this Notice for each tobacco product reported.			
<b>PART 5: CERTIFICATION</b>			
Contact Name Signature			Title
Contact Name Printed Name			Date

For additional information, contact the Tobacco Tax Unit at 517-636-4630.

Submit completed form to:  
Email: [treas\\_tobaccotaxes@michigan.gov](mailto:treas_tobaccotaxes@michigan.gov)

**OR**  
Fax: 517-636-4631