

E-LIQUIDS SUPPLEMENTAL APPLICATION

I. APPLICANT INFORMATION

a) Name of Applicant (s) (and list all subsidiary Companies) : _____

II. E-LIQUIDS

a) What products do you Manufacture (M), Sell (S) or distribute (D):

Product Type	M	S	D
Finished E-Liquids <small>(NOTE – mixing of PG/VG, Nicotine and flavourings is considered manufacture of finished E-liquids.)</small>			
Flavorings or Flavoring Extracts			
Propylene Glycol or Vegetable Glycerine			
Liquid Nicotine			
Other (please describe)			

b) Are you a member of AEMSA? Yes No

If yes – please skip to question (d). If no, complete section (c)

c) i. If the products you sell are not manufactured by you – please confirm the name of supplier and country of origin: _____

ii. If products are manufactured by you:

1. Where do you source your flavoring chemicals, PG/VG and Liquid Nicotine? (List Country of origin and Supplier): _____

2. Are these ingredients USP (US Pharmacopoeia) grade certified or equivalent? Yes No

3. Do you purchase these ingredients in bulk? Yes No

4. If so, do you store appropriately and manage expiry dates Yes No

5. Do you receive product safety data sheets with your flavors? Yes No

6. Are the flavoring extracts you purchase from a 3rd party supplier made specifically for use within E-liquids? Yes No

7. Where are E-liquids mixed:

Dedicated Clean Room	
Warehouse	
Staff only area in store	
Counter in store or Vape Lounge as required	
Other (please describe)	

iii. **Warranties.**

It is understood and agreed that this policy shall not provide coverage for claims arising from or attributable to finished products manufactured on or after the effective date of this policy:

- 1) **Where the nicotine content has not been tested by titration to verify the final content matches the amount declared on the label**
- 2) **Which are not sold in child proof/ tamper proof containers**
- 3) **Which do not have warnings (see section V) on the label**

The applicant further understands that, as a requirement of coverage, all manufacturers must sterilize their mixing/testing/extraction equipment using FDA approved chemicals or alcohols or via Autoclave system.

Please confirm your acceptance by signing below:

Applicant Signature /Title

Dated

- | | | |
|--|-----|----|
| d) Does your E-liquid contain Taurine, Caffeine or any Stimulants OTHER than Nicotine? | Yes | No |
| i. If yes please list : _____ | | |
| e) Does your e-liquid contain CBD, THC, or other cannabinoids? | Yes | No |
| i. If yes, please list:_____ | | |
| ii. What percentage of sales is for Marijuana related products? _____% | | |

III. WARNINGS

- | | | | | |
|--|-----|----|-----|----|
| a) Do you warn your customers about: | | | | |
| i. Potential Health Issues associated with Inhalation of Nicotine? | | | Yes | No |
| ii. Toxicity of E-Liquid if spilled on skin? | | | Yes | No |
| b) Do you advise how E-liquid should be stored and disposed of? | Yes | No | | |

IV. GENERAL INFORMATION

- | | | |
|---|-----|----|
| a) Have any of your products been discontinued or recalled in the past 5 years? | Yes | No |
| i. If yes, explain_____ | | |
| b) Are you planning to introduce any new products in the next 12 months? | Yes | No |
| i. If yes, list product(s)_____ | | |
| c) Can your products be identified from those of competitors? | Yes | No |

APPLICANT SIGNATURE & TITLE

DATE