

HOW TO PAY A CIVIL MONEY PENALTY USING THE ONLINE PAYMENT PORTAL

Presented by:

Office of Compliance and Enforcement

2018

Disclaimer: This is not a formal dissemination of information by FDA and does not represent Agency position or policy.

CENTER FOR TOBACCO PRODUCTS

AGENDA

- This is the 2nd in a series of 5 webinars for Retailers and Small Businesses.
- How to pay a Civil Money Penalty (CMP) using the online payment portal.



FDA

AGENDA

Other webinar topics:

- Introduction to Civil Money Penalty (CMP) and No-Tobacco-Sale Order (NTSO) Complaints
- How to File an Answer and Consequences for Not Filing an Answer
- The Settlement Process
- The Hearing Process

The FDA logo is a blue square with the letters "FDA" in white, positioned in the top right corner of the slide.

OVERVIEW

- All 5 webinars available on the FDA Tobacco Compliance Webinars webpage.
- Enter key words “Tobacco Compliance Webinars” in the search bar on the main FDA homepage, www.fda.gov, and follow the FDA Tobacco Compliance Webinars link in search results.
- Webinars are organized by year.

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AGENDA

How to pay a CMP using the online payment portal:

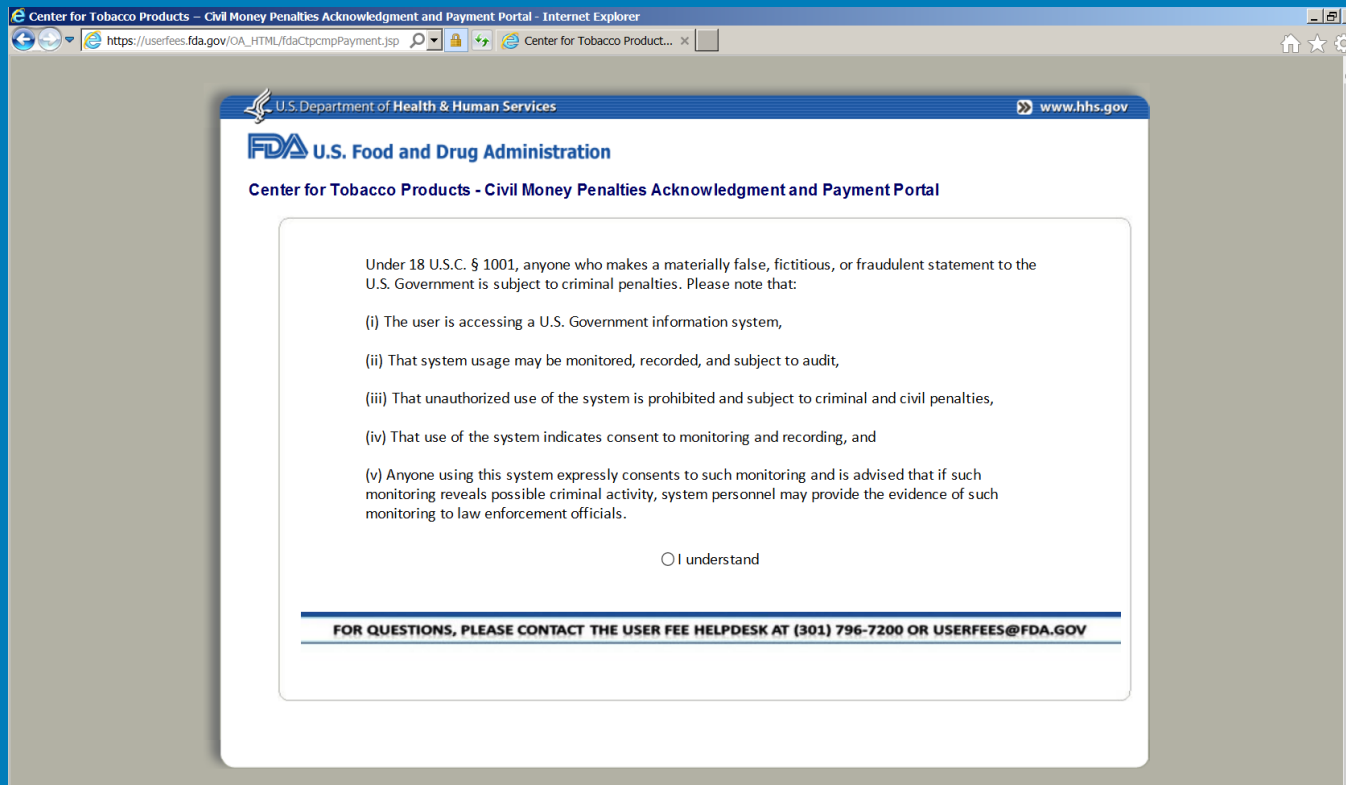
- Accessing portal using FDA Docket Number and Retailer Case Number
- Submitting an online acknowledgment
- Submitting an online payment through the US Department of Treasury's Pay.gov website

The FDA logo is a blue square with the letters "FDA" in white, positioned in the top right corner of the slide. The background of the slide is a photograph of a paved road with yellow double lines, surrounded by green trees and foliage, with a bright light flare in the upper left.

ACCESSING THE PAYMENT PORTAL



<https://userfees.fda.gov/ctpcmp>



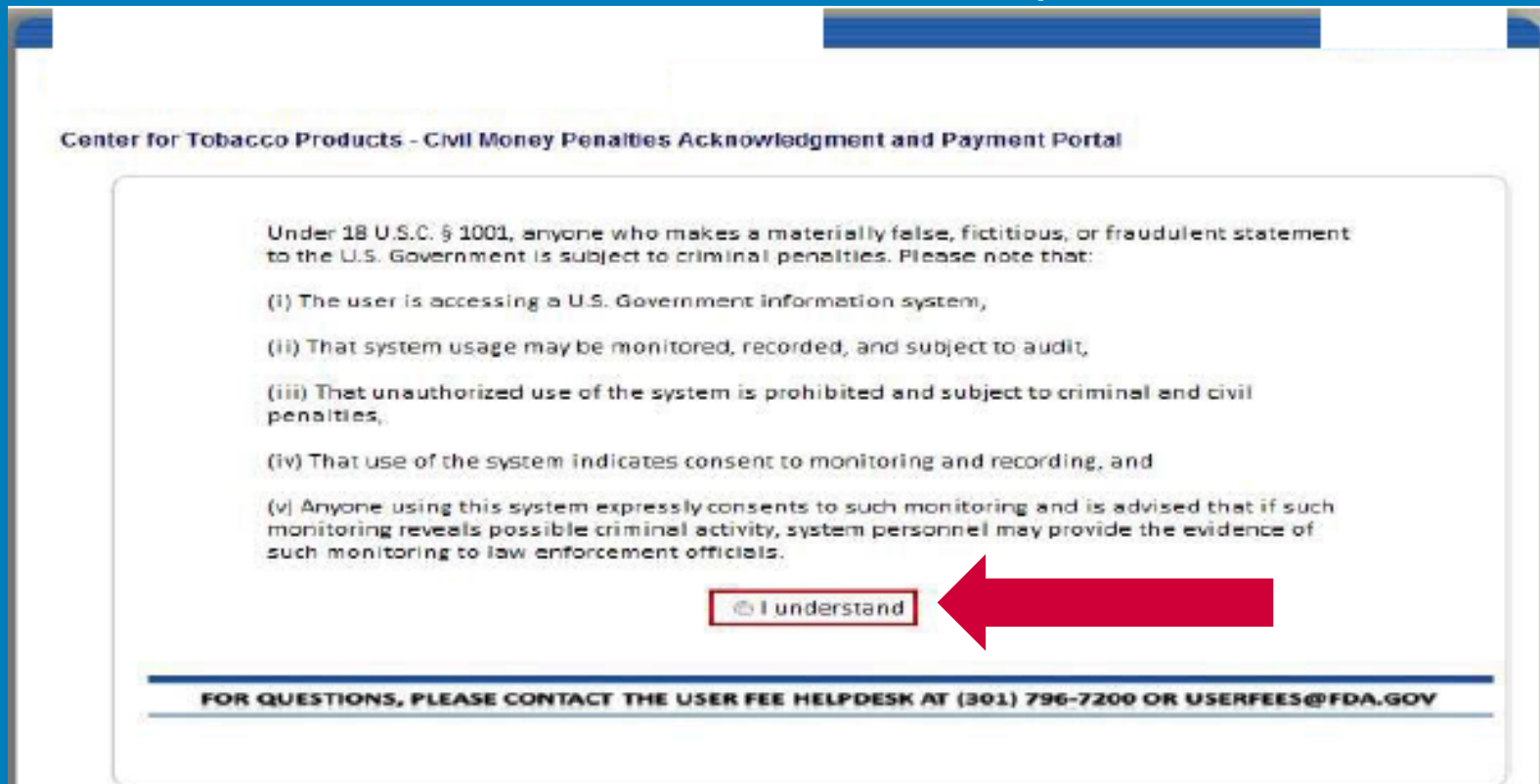
ACCESSING THE PAYMENT PORTAL



- If there is a message that the system is not available due to scheduled maintenance, please try again after 24 hours.
- For immediate assistance, contact the FDA/CTP at:
 - 1-877-287-1373, extension 6, or
 - By email CTP-CMP@fda.hhs.gov

ACCESSING THE PAYMENT PORTAL

- Review system terms of notice
- Click radio button next to 'I understand' to proceed



COVER LETTER: DOCKET NUMBERS AND RETAILER CASE NUMBER



- Docket Numbers
- Retailer Case Number

CENTER FOR TOBACCO PRODUCTS



VIA UPS

XYZ LLC
d/b/a ABC Tobacco Store
Attn: Site Manager
123 Main Street
Silver Spring, MD 20993

Re: Civil Money Penalty (CMP) Complaint
ABC Tobacco Store, 123 Main Street, Silver Spring, MD
FDA Docket No. FDA-2017-H-1002
CRD Docket No. T-17-0000
Retailer Case No. 3009739700

Dear Retailer:

This letter and the enclosed Complaint notify you that the U.S. Food and Drug Administration's (FDA) Center for Tobacco Products (CTP) has filed an administrative action against you. FDA seeks a **\$559** civil money penalty for three violations of the Federal Food, Drug, and Cosmetic Act (Act) and implementing regulations within a twenty-four-month period.

You must respond to the attached Complaint. If you do not take action within 30 days after receipt of this Complaint, you will be in default and the Administrative Law Judge may issue an initial decision ordering you to pay the penalty under 21 C.F.R. § 17.11. Instructions for requesting a hearing are enclosed as well as additional options for responding. Please note that this is a federal administrative enforcement action governed by 21 C.F.R. Part 17, and according to those regulations, you may choose, but are not required, to retain counsel at any time.

To contact CTP, please call (877) 287-1373, extension 6, or email CTP-CMP@fda.hhs.gov.

FINDING YOUR CASE IN THE SYSTEM

- Enter FDA Docket Number and Retailer Case Number
- Click 'Search'

U.S. Department of Health & Human Services www.hhs.gov

FDA U.S. Food and Drug Administration

[Step-by-Step Instructions](#) | [Compliance & Enforcement](#) | [Guidance](#) | [Rules & Regulations](#) | [FAQs](#) | [Contact Us](#)

Center for Tobacco Products - Civil Money Penalties Acknowledgment and Payment Portal

Case Search

To access the FDA Civil Money Penalty payment page for your firm, start by entering the FDA Docket Number and your Retailer Case Number below. Enter these exactly as they appear on the communication you received from FDA.

Note: * indicates required field.

* FDA Docket Number (Example FDA-2009-H-1234)

* Retailer Case Number (Example 123456789)

[Privacy Act Notice](#)

ONLINE ACKNOWLEDGMENT FORM



- Check that the correct case has been pulled up in the system.
- If there are errors, contact the FDA/CTP:
- 1-877-287-1373, extension 6 or CTP-CMP@fda.hhs.gov

U.S. Department of Health & Human Services www.hhs.gov

FDA U.S. Food and Drug Administration

Step-by-Step Instructions | Compliance & Enforcement | Guidance | Rules & Regulations | FAQs | Contact Us

Center for Tobacco Products - Civil Money Penalties Acknowledgment and Payment Portal

Acknowledgment Form

Customer Name	XYZ LLC d/b/a ABC Tobacco Store		
FDA Docket Number	FDA-2017-H-1002	Status	Payment Due
Retailer Case Number	3009739700	Balance	\$559.00
Address	123 Main Street	City, State	Silver Spring, MD
Zip Code	20993	Document Date	04/18/2018

ACKNOWLEDGMENT FORM

ONLINE ACKNOWLEDGMENT FORM

- Complete all required fields notated with asterisks (*)

ACKNOWLEDGMENT FORM

To complete this Acknowledgment Form, you must read and acknowledge each of the statements below.
Acknowledge the statements by checking the box next to each statement and electronically signing the form by filling in your name and title, at the bottom of the screen.
Submit the form by selecting the "I Agree" button, at the bottom of the screen.

* I own, and/or am authorized to settle claims on behalf of TEST DRB and, if represented by counsel, I have conferred with my attorney of record prior to signing this form.

I understand that by signing this document and submitting payment:

* I am acknowledging that all of the violations described in the Complaint, FDA-2016-H-7501, including, but not limited to, the violations cited in any Warning Letter(s) referenced in the Complaint occurred;

* I am agreeing to make sufficient payment to settle this matter;

* I waive the establishment's ability to contest these violations in the future; and

* I understand that these violations may be counted in determining the total number of violations for purposes of future enforcement actions.

This serves as your electronic signature. By entering your name here you acknowledge that your online consent is equivalent to a binding legal signature.

* First Name

* Last Name

* Title

Please provide a phone number where you can be reached and email address, if available.

* Phone Number () - ext.

Email Address

If you do not see a title that fits your current position, please contact the FDA employee listed on the communication you received from FDA.

Address (if different than provided above):

Address

City

ONLINE ACKNOWLEDGMENT FORM

- Read and accept each of the following statements.
- Acknowledge statements by checking the box next to each statement.

ACKNOWLEDGMENT FORM

To complete this Acknowledgment Form, you must read and acknowledge each of the statements below.

Acknowledge the statements by checking the box next to each statement and electronically signing the form by filling in your name and title, at the bottom of the screen.

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- * I am agreeing to make sufficient payment to settle this matter;
- * I waive the establishment's ability to contest these violations in the future; and
- * I understand that these violations may be counted in determining the total number of violations for purposes of future enforcement actions.



ONLINE ACKNOWLEDGMENT FORM

- Enter full name in the 'First Name' and 'Last Name' fields.
- This is your electronic signature.
- Equivalent to a binding legal signature.

I waive the establishment's ability to contest these violations in the future; and

I understand that these violations may be counted in determining the total number of violations for purposes of future enforcement actions.

This serves as your electronic signature. By entering your name here you acknowledge that your online consent is equivalent to a binding legal signature.

Please provide a phone number where you can be reached and email address, if available.

* First Name

* Last Name

* Title

If you do not see a title that fits your current position, please contact the FDA employee listed on the communication you received from FDA.

Phone Number () - ext.

Email Address

Address (if different than provided above):

Address

City

State

Zip Code

By clicking the "I Agree" button I hereby consent to the use of my electronic signature above to execute the Acknowledgment Form. I understand that my electronic signature will have the same legal effect, validity, and enforceability as a handwritten signature.

ONLINE ACKNOWLEDGMENT FORM

- Select a title from the 'Title' dropdown list.
- If title is not in the dropdown list, contact the FDA/CTP.
- 1-877-287-1373, extension 6 or CTP-CMP@fda.hhs.gov

enforcement actions.

This serves as your electronic signature. By entering your name here you acknowledge that your online consent is equivalent to a binding legal signature.

*** First Name**

*** Last Name**

*** Title**

If you do not see a title that matches your current position, please contact the FDA employee listed on the communication you received from FDA.

Please provide a phone number where you can be reached and email address, if available.

*** Phone Number** () - ext.

Email Address

Address (if different than provided above):

Address

City

State

ONLINE ACKNOWLEDGMENT FORM

- Enter a phone number.
- Extension field is optional.

This serves as your electronic signature. By entering your name here you acknowledge that your online consent is equivalent to a binding legal signature.

Please provide a phone number where you can be reached and email address, if available.

* First Name

* Last Name

* Title

If you do not see a title that fits your current position, please contact the FDA employee listed on the communication you received from FDA.

* Phone Number () - ext.

Email Address

Address (if different than provided above):

Address

City

State

Zip Code

By clicking the "I Agree" button I hereby consent to the use of my electronic signature above to execute the Acknowledgment Form. I understand that my electronic signature will have the same legal effect, validity, and enforceability as a handwritten signature.

ONLINE ACKNOWLEDGMENT FORM

- Enter an email address (optional).

I understand that these violations may be counted in determining the total number of violations for purposes of future enforcement actions.

This serves as your electronic signature. By entering your name here you acknowledge that your online consent is equivalent to a binding legal signature.

* First Name

* Last Name

* Title

If you do not see a title that fits your current position, please contact the FDA employee listed on the communication you received from FDA.

Please provide a phone number where you can be reached and email address, if available.

* Phone Number () - ext.

Email Address

Address (if different than provided above):

Address

City

State

Zip Code

By clicking the "I Agree" button I hereby consent to the use of my electronic signature above to execute the Acknowledgment Form. I understand that my electronic signature will have the same legal effect, validity, and enforceability as a handwritten signature.

ONLINE ACKNOWLEDGMENT FORM

- Enter an address if mailing address is different from retail establishment address noted at top of the page (optional).

This serves as your electronic signature. By entering your name here you acknowledge that your online consent is equivalent to a binding legal signature.

* First Name
* Last Name
* Title

If you do not see a title that fits your current position, please contact the FDA employee listed on the communication you received from FDA.

Please provide a phone number where you can be reached and email address, if available.

* Phone Number () - ext.
Email Address

Address (if different than provided above):
Address
City
State
Zip Code

By clicking the "I Agree" button, I hereby consent to the use of my electronic signature above to execute the Acknowledgment Form. I understand that my electronic signature will have the same legal effect, validity, and enforceability as a handwritten signature.

ONLINE ACKNOWLEDGMENT FORM

- Click 'I Agree' after completing all required information.

<p>This serves as your electronic signature. By entering your name here you acknowledge that your online consent is equivalent to a binding legal signature.</p> <p>* First Name <input type="text"/></p> <p>* Last Name <input type="text"/></p> <p>* Title <input type="text" value="Select Title"/></p> <p><small>If you do not see a title that fits your current position, please contact the FDA employee listed on the communication you received from FDA.</small></p>	<p>Please provide a phone number where you can be reached and email address, if available.</p> <p>* Phone Number (<input type="text"/>) <input type="text"/> - <input type="text"/> ext. <input type="text"/></p> <p>Email Address <input type="text"/></p>
<p>Address (if different than provided above):</p> <p>Address <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/></p> <p>Zip Code <input type="text"/></p>	
<p>By clicking the "I Agree" button I hereby consent to the use of my electronic signature above to execute the Acknowledgment Form. I understand that my electronic signature will have the same legal effect, validity, and enforceability as a handwritten signature.</p> <p><input type="button" value="I Agree"/></p>	

CASE SUMMARY PAGE

- Displays after the acknowledgment form is submitted.

Case Summary

Customer Name	XYZ LLC d/b/a ABC Tobacco Store	Status	Payment Due
FDA Docket Number	FDA-2017-H-1002	Invoice Number	11200019759
Retailer Case Number	3009739700	Balance	\$559.00
Address	123 Main Street	City, State	Silver Spring, MD
Zip Code	20993	Document Date	04/18/2018

The acknowledgment form has been submitted for the case listed above.

To print the completed acknowledgment form, click here

To pay the entire balance of your civil money penalty in the amount of \$559.00, click here

To exit the window at this time for any reason, including if you are pursuing settlement, click here

CASE SUMMARY PAGE – PRINT FORM

- Click 'Print Form' to view, save, or print a copy of the acknowledgement form.

Case Summary

Customer Name	XYZ LLC d/b/a ABC Tobacco Store	Status	Payment Due
FDA Docket Number	FDA-2017-H-1002	Invoice Number	11200019759
Retailer Case Number	3009739700	Balance	\$559.00
Address	123 Main Street	City, State	Silver Spring, MD
Zip Code	20993	Document Date	04/18/2018

The acknowledgment form has been submitted for the case listed above.

To print the completed acknowledgment form, click here

[Print Form](#)



To pay the entire balance of your civil money penalty in the amount of \$559.00, click here

[Pay Penalty](#)

[Print Invoice](#)

To exit the window at this time for any reason, including if you are pursuing settlement, click here

[Close Window](#)

CASE SUMMARY PAGE – PRINT FORM



- A new window will open with a printable version of the acknowledgment form.

Electronically Submitted on 04/18/2018

XYZ LLC d/b/a ABC Tobacco Store
123 Main Street
Silver Spring, MD 20993

Retailer Case Number: **3009739700**
FDA Docket Number: **FDA-2017-H-1002**

The following acknowledgment form was submitted by an individual representing themselves to be the party named below. Before submitting this form through a web-based portal, the submitter was advised that making materially false, fictitious, or fraudulent statements to the U.S. Government is subject to criminal penalties, under 18 U.S.C. § 1001 and the submitter consented. The submitter identified his or her case by FDA docket number and case number, which is an individual number associated with the case that is provided to the parties involved in the Civil Money Penalty action. The submitter then checked each acknowledgment statement and entered his or her name and title prior to submitting the form.

ACKNOWLEDGMENT FORM
Required to Settle the Civil Money Penalty Action

I own, and/or am authorized to settle claims on behalf of **XYZ LLC d/b/a ABC Tobacco Store** and, if represented by counsel, I have conferred with my attorney of record prior to signing this form.

I understand that by signing this document and submitting payment:

I am acknowledging that all of the violations described in the Complaint, FDA-2017-H-1002, including, but not limited to, the violations cited in any Warning Letter(s) referenced in the Complaint occurred;

I am agreeing to make sufficient payment to settle this matter;

I waive the establishment's ability to contest these violations in the future;

I understand that these violations may be counted in determining the total number of violations for purposes of future enforcement actions; and

I electronically signed this document after being informed that the electronic signature will have the same legal effect, validity, and enforceability as a handwritten signature.

John Doe, Owner
Time and Date Electronically Submitted: **04/18/2018 01:08:16 PM ET**

Contact Information			
Phone Number	(123) 456-7891	Email	
Street	123 Main Street	City	Silver Spring
State	MD	Zip	20993

CASE SUMMARY PAGE – PAY PENALTY

- ‘Pay Penalty’ button takes you to the payment page, where you can pay the CMP in full.

Case Summary

Customer Name	XYZ LLC d/b/a ABC Tobacco Store	Status	Payment Due
FDA Docket Number	FDA-2017-H-1002	Invoice Number	11200019759
Retailer Case Number	3009739700	Balance	\$559.00
Address	123 Main Street	City, State	Silver Spring, MD
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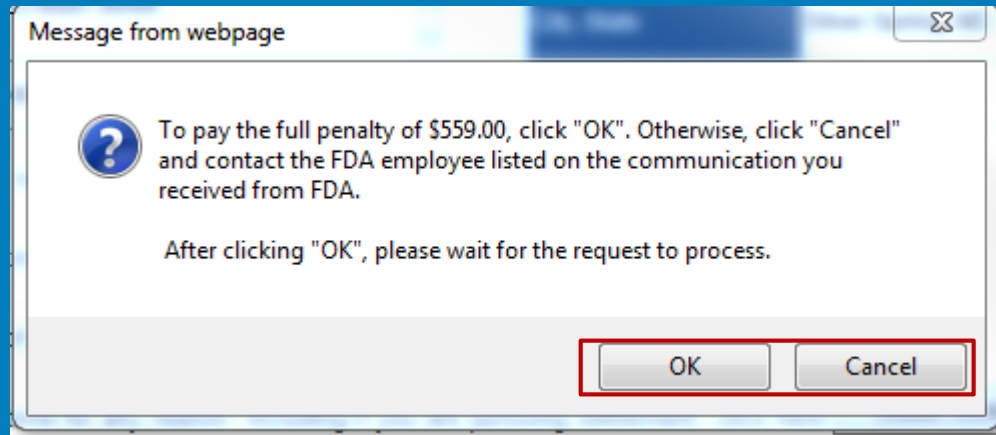
To print the completed acknowledgment form, click here [Print Form](#)

To pay the entire balance of your civil money penalty in the amount of \$559.00, click here [Pay Penalty](#) [Print](#)

To exit the window at this time for any reason, including if you are pursuing settlement, click here [Close Window](#)

PAY PENALTY BUTTON

- When you click the 'Pay Penalty' button, a warning will appear:



- If the penalty amount in the warning is incorrect, click 'Cancel' and contact the FDA/CTP at 1-877-287-1373, extension 6 or CTP-CMP@fda.hhs.gov.
- To proceed to payment, click 'OK'.

PRINT INVOICE

- Click 'Print Invoice' button to view, save, or print a copy of the invoice.

U.S. Food and Drug Administration

Step-by-Step Instructions | Compliance & Enforcement | Guidance | Rules & Regulations | FAQs | Contact Us

Center for Tobacco Products - Civil Money Penalties Acknowledgment and Payment Portal

Payment Methods

Customer Name	XYZ LLC d/b/a ABC Tobacco Store	Status	Payment Due
FDA Docket Number	FDA-2017-H-1002	Invoice Number	11200019759
Retailer Case Number	3009739700	Balance	\$559.00
Address	123 Main Street	City, State	Silver Spring, MD
Zip Code	20993	Document Date	04/18/2018

SUBMITTING PAYMENT ONLINE

- Click 'Pay Now' button to make online payment.
- Available online payment methods:
- Electronic check (Automated Clearing House, ACH), also known as eCheck
- Credit Card
 - Discover
 - Visa
 - Master Card
 - American Express

Customer Name	XYZ LLC d/b/a ABC Tobacco Store
FDA Docket Number	FDA-2017-H-1002
Retailer Case Number	3009739700
Address	123 Main Street
Zip Code	20993

Once the acknowledgment form is complete and payment has been received, the case will be assigned to a Law Judge and request the case be closed.

Payment



Credit Card/Electronic Check (ACH) option via Pay.gov (Preferred Method)

The FDA has partnered with the U.S. Department of the Treasury to utilize Pay.gov, a web based payment application, for online secure electronic payment. Pay.gov can now be used to submit secure electronic payments to the FDA. The Treasury has compiled a comprehensive list of Pay.gov FAQs which can be accessed at https://www.pay.gov/WebHelp/HTML/about_frequently.html.

Pay.gov provides customers the option to submit online payment via credit card (Discover, VISA, MasterCard, AMEX) and/or Automated Clearing House (ACH) electronic check (eCheck). Click the 'Pay Now' button and follow the on-screen instructions to make payment. Confirmation of payment made by credit card and electronic check can be received in as little as 48 hours.

After submitting an online payment, you will receive a Pay.gov Tracking ID. This Pay.gov Tracking ID is not a confirmation that the FDA has received and processed your payment. Pay.gov payments can take **up to 48 hours** for the FDA to process after you receive your Pay.gov Tracking ID.



IF ONLINE PAYMENT OPTION NOT AVAILABLE



- If the 'Pay Now' button does not display, contact FDA/CTP.
- 1-877-287-1373, extension 6
- CTP-CMP@fda.hhs.gov

SUBMITTING PAYMENT



- A new window will open automatically for the U.S. Department of the Treasury's Pay.gov website.
- Follow the instructions to submit an online payment.

PAY.GOV TRACKING ID NUMBER



- Tracking ID number is generated once the payment process is completed through Pay.gov.
- Keep the tracking ID number for your records.
- Tracking ID number is not a confirmation that FDA has received and processed the payment.
- Can take up to two business days for the payment to process **AFTER** the Pay.gov tracking ID is generated.

FDA/CTP CONTACT INFORMATION



- Phone: 1-877-287-1373, extension 6
- Email: CTP-CMP@fda.hhs.gov

SUMMARY



- Accessing the Payment Portal
- Submitting an Acknowledgment Form
- Paying the Penalty
- Printing the Invoice

Additional webinars:

- Introduction to CMP and NTSO Complaints
- How to File an Answer and Consequences for Not Filing an Answer
- The Settlement Process
- The Hearing Process

HOW TO FIND THE WEBINARS



- All 5 webinars available on the FDA Tobacco Compliance Webinars webpage.
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