



State of Oregon
Participating Manufacturer Certification
For Listing on the Oregon Tobacco Directory

Part 1: Liability Year and Type of Certification

Liability Year for this Certification:

Complete a separate form for each liability year for which you are certifying (check one): 20__ Other: ____

Type of Certification (check one): Initial Annual Supplemental

Part 2: Manufacturer Identification

Applicant Company Name:

Mailing Address:

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Name of Person Completing Certification:

Part 3: Manufacturing Facility Information

Plant Name:

Physical Address:

City: _____ State: _____ Zip: _____ Country: _____

Plant Phone: _____ Plant Fax: _____

Name/Title of Person at Plant (if different than above):

Part 4: Licenses and Permits

U.S. Treasury, Tobacco Tax Bureau (TTB) Permit Number:

Foreign Manufacturer Permit or License Number: _____ Country Issued: _____

Last Year Permit or License Issued: _____ Is Permit/License Current: Yes No

- Initial Certification or Changed Permit:** A copy of current permit is attached.
- Annual or Supplemental Certification:** A copy of Applicant's current permit was submitted with a prior certification and there have been no changes to the permit.

Part 5: Brand Family and Brand Style Identification

A. Brand Family and Brand Styles: For each brand style for which Applicant is seeking certification or for which Applicant received certification in a prior year, the following information is **attached:**

- Name:** List the brand family and style as follows: – brand name/flavor/size/container. Those brand styles that will not be sold in the current year should be marked with an asterisk (*).
- Cigarette or RYO:** Indicate whether the product is a cigarette or RYO.

B. Additional Information: Check the appropriate box(es):

- Initial or Supplemental Certification:** Included with this Certification is corresponding actual cigarette or RYO packaging (without tobacco) for each Brand Style for which Applicant requests certification.
- Annual Certification – No Packaging Changes:** Corresponding actual cigarette or RYO packaging (without tobacco) has been previously provided and there have been no changes to the packaging.

B. Additional Information, continued.

- Annual Certification – Packaging Changes/Brand Additions:** There have been changes to the packaging samples previously submitted or new brand styles have been added. Corresponding actual cigarette or RYO packaging (without tobacco) is included.
- FSC (Fire Standard Compliance):** Attached are: a) letter from the Oregon Fire Marshal's Office indicating that the brand styles for which Applicant seeks certification are FSC compliant; and b) testing verification documentation for each corresponding brand style.
- Brand Responsibility:** The Applicant identified in Section 2 affirms that the cigarette and RYO brands listed herein are to be considered the Applicant's cigarette and RYO brands for the purposes of calculating the applicant's payments under the MSA.

Part 6: PACT Act Compliance

- Attach a copy of Applicant's PACT Act Registration filed with the U.S. Department of Justice and the Oregon Department of Revenue.

The Applicant certifies that:

- The Applicant is in compliance with all reporting obligations to the State of Oregon; or
- The Applicant does not ship tobacco products directly into the State of Oregon. Attach a list of Oregon-licensed distributors that Applicant sells tobacco products to.

Part 7: Execution by Authorized Designee

The undersigned certifies that as of the date of this Certification, the above-named Applicant is a Participating Manufacturer under the Tobacco Master Settlement Agreement as defined in ORS 180.405 (6).

Under penalty of perjury, I certify and declare that all of the statements and information contained in this Certification, including but not limited to any accompanying statements or attachments herewith, are true, correct, accurate and complete in every particular, and that I am a person authorized to bind the Tobacco Product Manufacturer making this Certification either under the laws of the State of Oregon or of the jurisdiction where the manufacturer resides or is organized. **Any violation of the requirements of ORS 323.800 to 323.806 or ORS 180.400 to 180.455 is a basis for removal of the applicant's Brands from Oregon's Directory of compliant Tobacco Product Manufacturers.**

**** This Certification must be signed and dated before an authorized notary public****

Signature of Authorized Person:		Date:
Printed Name of Authorized Person:		Title:
Subscribed and sworn to or affirmed before me on this date:		
Signature of Notary Public:		City or County of:
Seal of Notary Public:		My Commission Expires:

Mail the completed **original** Participating Manufacturer's Certification and all supporting documents to:

**Office of the Attorney General for the State of Oregon
Oregon Department of Justice
Civil Enforcement Division; Attn: Tobacco Enforcement
1162 Court Street, NE
Salem, OR 97301-4096**