



**QUARTERLY BRAND SPECIFIC REPORT FOR SMOKELESS TOBACCO PRODUCTS
PRODUCTS WITH OREGON TAX PAID FOR ALL MANUFACTURERS**

Part 1: Company Information and Reporting Period

For the _____ QUARTER OF 20 _____

LICENSE NO: _____ (FEIN): _____

Business Name: _____

Physical Address: _____

Mailing Address: _____

Phone No.: _____ Fax No.: _____

Email: _____

Name of Person Completing Form: _____

Phone and Email of Person Completing Form: _____

Part 2: Sales Information and Certification

You Must Check At Least One Box:

- ☐ No sales to Report this quarter.
- ☐ Sales of smokeless tobacco products are shown in Part 3.
- ☐ Part 3 submitted electronically.

Under penalties of false swearing, I declare that I have examined this report, and any additional reports submitted electronic form, and to the best of my knowledge and belief the information provided is true, correct, and complete.

Print Name **Date**

X

Signature of Distributor or Representative **Title**

**PLEASE REFER TO THE FOLLOWING
LINK:**

**[OREGON'S DIRECTORY OF SMOKELESS
TOBACCO BRANDS APPROVED FOR SALE
IN OREGON](#)**

**FOR THE CORRECT TOBACCO BRAND
MANUFACTURER.**

**This form is due 20 days after the close of the
reporting quarter.**

****** ELECTRONIC SUBMISSION******

**The Department of Justice requires electronic
submission for all documents.**

**Please contact our office at
tobaccoenforcementBSR@doj.state.or.us or call
503.934.4400 if you need assistance.**