



EQUITY ASSESSMENT COMPLIANCE CERTIFICATE AND AFFIDAVIT (Non-Participating Manufacturer)

Part 1: Reporting Period

SALES YEAR: <u>2024</u>	<input type="checkbox"/> QUARTERLY CERTIFICATION <input type="checkbox"/> 1st QUARTER JAN 1-MAR 31 <input type="checkbox"/> 2nd QUARTER APR 1-JUN 30 <input type="checkbox"/> 3rd QUARTER JUL 1-SEP 30 <input type="checkbox"/> 4th QUARTER OCT 1-DEC 31 <input type="checkbox"/> ANNUAL CERTIFICATION <input type="checkbox"/> AMENDMENT
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Part 2: Manufacturer Identification

Name:			
Mailing Address:			
City:	State:	Zip:	Country:
Physical Address:			
City:	State:	Zip:	Country:
Phone:	Fax:	Email:	

Part 3: Units Sold

Number of units of individual cigarettes and roll-your-own (RYO) tobacco sold in Oregon by the Manufacturer identified above during the sales reporting period is as follows:

_____ Total Number Units of Cigarettes
 _____ Total Ounces of Roll-Your-Own (RYO)
 _____ Total Number of Units of RYO (**One unit = .09 ounces of RYO**)
 _____ **TOTAL NUMBER OF ALL UNITS**

Non-Participating Manufacturer Brand Information: (Please add additional sheets if necessary.)

Brand Name (Omit styles such as Regular, Menthol, Light, etc.)	Distributor Name / City / State	Cigarettes (C) or RYO (RYO)	Number of Units Sold During the Reporting Period

Part 4: Calculation of Deposit Amount

This form contains the equity assessment payment rate per unit sold for the 2023 sales year. If you need the escrow rate for a prior sales year, please contact our office at ORDOJTobacco@doj.state.or.us.

A. Enter the total number of Units Sold from Part 3.	_____
B. This line contains the rate per Unit Sold (\$0.0188482) combined with the inflation adjustment for 2024 (\$0.0258746).	\$0.0447228
C. Multiply Lines A and B and enter the total payment due for the reporting period.	_____

Part 5: Payment

Equity assessment payments should be remitted to the State of Oregon pursuant to payment instructions that have been provided separately. If you need payment instructions, please contact our office at ORDOJTobacco@doj.state.or.us

Part 6: Execution by Authorized Designee

Declaration made within the United States

The undersigned certifies that as of the date of this Equity Assessment Certificate, the above-named Applicant is a Non-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 Equity Assessment 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 Equity Assessment 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.**

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury

Signature of Authorized Person:	Date:
Printed Name of Authorized Person:	Title:

Part 6: Execution by Authorized Designee - Continued

Declaration made outside the boundaries of the United States

The undersigned certifies that as of the date of this Equity Assessment Certification, the above-named Applicant is a Non-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 Equity Assessment 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 Equity Assessment 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.**

I declare under penalty of perjury under the laws of Oregon that the foregoing is true and correct, and that I am physically outside the geographic boundaries of the United States, Puerto Rico, the United States Virgin Islands, and any territory or insular possession subject to the jurisdiction of the United States.

Executed on the _____ (day) of _____ (month), _____ (year) at _____ (city or other location), _____ (country)."

Signature of Authorized Person:		Date:
Printed Name of Authorized Person:		Title:

The Department of Justice requires electronic submission for all certification documents. Please contact our office at ORTobaccoEscrow@doj.state.or.us or call 503.934.4400 if you need assistance.