



**ANNUAL SMOKELESS TOBACCO
 ESCROW COMPLIANCE CERTIFICATE AND AFFIDAVIT
 (Non-Participating Manufacturer)**

Part 1: Sales Year

SALES YEAR: _____

Part 2: Manufacturer Identification

Name: _____

Mailing Address: _____

City: _____	State: _____	Zip: _____	Country: _____
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Physical Address: _____

City: _____	State: _____	Zip: _____	Country: _____
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Phone: _____	Fax: _____	Email: _____
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Part 3: Units Sold

Number of units of individual moist snuff and chewing tobacco containers sold in Oregon by the Manufacturer identified above during the sales reporting period is as follows:

- _____ Total Ounces of Moist Snuff
- _____ Total Ounces of Chewing Tobacco
- _____ Total Number Units of Moist Snuff (**One unit = 3.2 ounces of moist snuff**)
- _____ Total Number of Units of Chewing Tobacco (**One unit = 3.0 ounces of chewing tobacco**)
- _____ **TOTAL NUMBER OF ALL UNITS**

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

Brand Name	Moist Snuff (S) or Chewing Tobacco (C)	Number of Units Sold During the Reporting Period

Part 4: Calculation of Deposit Amount

- A. The appropriate rate for the reporting period is: \$0.40
- B. Deposit Subtotal (*Multiply total number of all units in Part 3 by the appropriate rate in Part 4 above*) _____
- C. The Inflation Adjustment (*Refer to www.doj.state.or.us Multiply Line B – Deposit Subtotal by the applicable inflation adjustment percentage*) _____
- D. Total Escrow Deposit (*Add Line B – Deposit Subtotal and Line C – Inflation Adjustment*) _____

Part 5: Financial Institution

Name of Institution:		
Authorized Contact Name and Title:		
Phone:	Fax:	Email:
Address:		
Escrow Account No:	Sub-Account No:	(if applicable)
Total Funds Held in a Separate Account for Oregon: \$		
Date of Escrow Agreement:		
Date of Last Amendment to Escrow Agreement:		
<input type="checkbox"/> Attached is a copy of the financial institution’s receipt or other proof of deposit of the proper escrow payment.		

Part 6: Signature

Under penalty of perjury, I declare that I am authorized to certify on behalf of the Tobacco Product Manufacturer in Part 1 that all of the information contained in this Escrow Compliance Certificate, including but not limited to the attachments herewith, are true, complete and accurate. **This Escrow Compliance Certificate must also be signed and dated by an authorized notary public.**

Name of Authorized Agent:	Title:
Signature of Authorized Agent:	Date:
Subscribed and sworn to before me on this date:	
Signature of Notary Public:	County of:
My Commission Expires:	

Mail the completed <i>original</i> Escrow Compliance Certificate Affidavit with attachments 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 Phone: (503) 934-4400 Fax: (503) 373-7067	SEAL:
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