



DISTRIBUTOR CERTIFICATION AND REGISTRATION
FOR ELECTRONIC MAIL NOTIFICATION OF CHANGES
IN DIRECTORY

Please Print or Type Form:

Tobacco License # _____

Distributor's Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

Telephone Number: _____ Fax: _____

Contact Person: _____ Title: _____

Distributor's E-mail Address: _____

Note: This is required under ORS 180.435(3).

Website Address: _____

Pursuant to ORS 323.106, the undersigned certifies that is it authorized to bind and sign on behalf of the distributor identified above, and certifies that the distributor identified above has read and agrees to comply with ORS 180.435 and ORS 180.440. The undersigned also certifies that the signature, title, and e-mail address written below are for the **President** or **Owner** of the distributor identified hereinabove.

President or Owner Signature: _____

Print Name: _____

Title: _____ Date: _____

E-mail Address: _____

Mail completed form to:

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

LMU:kc1/CEDE0997/122704