



State of Oregon

United States Importer Declaration

Accepting Joint And Several Liability

Statutory Requirements

Pursuant to Or Laws, ch 687, § 2, a Non-Participating Manufacturer ("NPM") located outside of the United States must provide a declaration from each of its Importers to the United States of any of its Brand Families that such Importer accepts joint and several liability with the NPM for all escrow deposits due pursuant to ORS 323.806(2)(a) as well as all penalties and other relief available to the State of Oregon pursuant to ORS 323.806(2)(c). Such Importer shall appoint a Registered Agent for service of process in Oregon pursuant to Or Laws, ch 687, § 6. The declaration must be updated at least thirty days before any other Importer begins the importation of the manufacturer's cigarettes. The declaration shall be submitted as part of the initial, annual, and supplemental certifications required by ORS 180.410. Please be aware that failure to comply with these provisions is grounds for removal from Oregon's Directory of Cigarette Brands Approved for Stamping and Sale. For the purposes of this subparagraph, "Importer" has the same meaning as in Or Laws, ch 687, § 1.

Importer Information

Importer Name: _____
Contact Name and Title: _____
Contact Mailing Address: _____
Contact Phone Number: _____
Contact Fax Number: _____
Contact E-mail Address: _____
Importer Federal Taxpayer ID Number: _____

Non-Participating Manufacturer Identification

Importer declares that it is a United States Importer for the following NPM. (*Please identify below the foreign NPM whose products you import into the United States*).

Manufacturer Name: _____
Mailing Address: _____
Phone Number: _____
Fax Number: _____
E-Mail Address: _____

Importer's Registered Agent for Service of Process

_____ hereby appoints _____ as
(Importer) (Registered Agent)

its Registered Agent for service of process on its behalf, recognizing that proper service on the Agent constitutes legal and valid service of process on itself.

Signature: _____ Date: _____
Print Name: _____ Title: _____

Registered Agent Identification

Registered Agent Name: _____
Street and Number (*Must be in Oregon State*): _____
P.O. Box (*Optional – Must be in same city as street address*): _____
City: _____, OR, Zip: _____
Phone Number: _____ Fax Number: _____
E-Mail Address: _____

