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REPORT OF LITTLE CIGARS SOLD IN OREGON
(Manufacturer)

Part 1: Sales Year

SALES YEAR: _____

☐ **ANNUAL REPORT**

☐ **AMENDED REPORT**

Part 2: Manufacturer Identification

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

Part 3: Brand Families

Brand Families of Little Cigars	**Sold during previous calendar year**	**Sold during current calendar year**
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Part 4: Oregon Licensed-Distributors

Distributor Name	Address, City, State

Part 5: Sample Packaging

☐ **Attached** are images of sample packaging for all brand families identified in Part 3 as they appear on store shelves in Oregon.

Part 6: Signature

Under penalty of perjury, I declare that I am authorized to certify on behalf of the Tobacco Product Manufacturer in Part 2 that all of the information contained in this report are true, complete and accurate.

Signature of Authorized Agent:	Title:
Print Name:	Date:

Email the completed report with attachments to:
TobaccoEnforcementBSR@doj.state.or.us