



*State of Oregon*  
*United States Importer Declaration*  
*Accepting Joint And Several Liability*

**Statutory Requirements**

Pursuant to ORS 323.806(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)(b)-(c). Such Importer shall appoint a Registered Agent for service of process in Oregon pursuant to ORS 180.430. 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 ORS 323.800(5).

**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: \_\_\_\_\_

