



**SMOKELESS TOBACCO PRODUCT MANUFACTURER'S  
APPOINTMENT OF REGISTERED AGENT  
FOR STATE OF OREGON AND REGISTERED AGENT'S STATEMENT**

**Please print or type in permanent dark ink. Sign, date, and return to:**

The Department of Justice requires electronic submission for all certification applications and supporting documents. Please contact our office at [tobaccoenforcementCERT@doj.oregon.gov](mailto:tobaccoenforcementCERT@doj.oregon.gov) or call 503.934.4400 if you need assistance.

**NON-PARTICIPATING SMOKELESS TOBACCO MANUFACTURERS:**

The undersigned smokeless tobacco product manufacturer, hereby appoints.

as its registered agent to receive service of process on its behalf; said registered agent is authorized to receive service of process on behalf of the manufacturer. The undersigned manufacturer also agrees to do the following: (1) provide notice to the Office of the Attorney General for the State of Oregon ("Attorney General"), at least 30 calendar days prior to termination of the authority of the registered agent; and (2) provide proof to the satisfaction of the Attorney General of the appointment of a new agent at least five calendar days prior to the termination of an existing agent appointment. The undersigned manufacturer further agrees that if the agent terminates its agency appointment, the undersigned shall provide notice to the Attorney General of the termination within five calendar days with proof to the Attorney General of the appointment of a new agent and a new Smokeless Tobacco Product Manufacturer's Appointment of Registered Agent for State of Oregon and Registered Agent's Statement form.

Under penalty of perjury, I certify and declare that all of the statements and information contained in this Certification, including but not limited to any accompanying statements or attachments herewith, are true, correct, accurate and complete in every particular and that I am a person authorized to bind the manufacturer making this Certification either under the laws of the State of Oregon or of the jurisdiction where the manufacturer resides or is organized and I have attached an authentic, certified copy of document(s) as proof of my authority to bind the manufacturer.

**\*\*This Certification must be signed and dated by an authorized notary public\*\***

Date:	
Signature of Designee for Manufacturer:	
Printed Name of Designee:	
Title:	
Principal Place of Business (Physical Address):	
State of:	
County of:	
Country of:	

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared \_\_\_\_\_, Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature:	
My Commission Expires on:	



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**NAME AND ADDRESS OF OREGON STATE REGISTERED AGENT:**

<b>Name:</b>	
<b>Street Address:</b> <i>(REQUIRED) Must be within Oregon</i>	
<b>PO Box:</b> <i>(Optional) Must be in same city as street address</i>	
<b>City:</b>	
<b>State:</b>	
<b>Zip:</b>	
<b>Telephone:</b>	

I consent to serve as Registered Agent in the State of Oregon for the above-named smokeless tobacco product manufacturer, pursuant to ORS 323.810 to 323.816 and ORS 180.465 to 180.494. I understand it will be my responsibility to receive Service of Process on behalf of the manufacturer; to forward mail to the manufacturer; and to immediately notify the Office of the Attorney General if I resign or change the office address of the Registered Agent.

**\*\*This Certification must be signed and dated by an authorized notary public\*\***

Date:	
Signature of Authorized Person:	
Printed Name of Authorized Person:	
Title:	
State of:	
County of:	
Country of:	

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared \_\_\_\_\_, Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature:	
My Commission Expires on:	