



**State of Oregon**  
**Manufacturer Certification**  
**For Listing on the Oregon Smokeless Tobacco Directory**

**Part 1: Year and Type of Certification**

**Year for this Certification:** 20\_\_

**Type of Certification** (check one):  Initial  Annual  Supplemental

**Part 2: Manufacturer Identification**

Applicant Company Name: FEIN No.

Mailing Address:

City: State: Zip: Country:

Phone: Fax: Email:

Name of Person Completing Certification:

**Part 3: Manufacturing Facility Information**

Plant Name:

Physical Address:

Plant Phone: Plant Fax:

Name/Title of Person at Plant (if different than above):

**Part 4: Brand Family and Brand Style Identification**

**A. Brand Family and Brand Styles:** For **each** brand style for which Applicant is seeking certification or for which Applicant received certification in a prior year, the following information is **attached**:

- Name:** List the brand family and brand style (those brand styles that will not be sold in the current year should be marked with an asterisk (\*)).
- Moist Snuff or Chewing Tobacco:** Indicate whether the product is moist snuff or chewing tobacco.

**B. Additional Information:** Check the appropriate box(es):

- Initial or Supplemental Certification:** Included with this Certification is an electronic color copy or artwork for the corresponding moist snuff or chewing tobacco packaging, that includes views of the side of the packaging. Please ensure that the UPC is clearly visible for which Applicant requests certification. By signing this application, you are certifying that the artwork represents how the product will appear on store shelves in Oregon.
- Annual Certification – No Packaging Changes:** An electronic color copy or artwork for the corresponding moist snuff or chewing tobacco packaging has been previously provided and there have been no changes to the packaging.
- Annual Certification – Packaging Changes/Brand Additions:** There have been changes to the packaging samples previously submitted or new brand styles have been added. Included with this Certification is an electronic color copy or artwork for the corresponding moist snuff or chewing tobacco packaging, that includes views of the side of the packaging. Please ensure that the UPC is clearly visible for which Applicant requests certification. By signing this application, you are certifying that the artwork represents how the product will appear on store shelves in Oregon.

### Part 5: Manufacturer Status

The Manufacturer listed in Part 2 of this application is (check one):

- A **participating manufacturer**, under the Smokeless Master Settlement Agreement. Do not complete Parts 6, 7, or 8 of this application.
- An **escrow-exempt manufacturer**, pursuant to the Master Settlement Agreement or other relevant settlement agreement. Do not complete Parts 6, 7, or 8 of this application.
- A **nonparticipating manufacturer**, as defined in ORS 180.468(2). Complete all parts of this application.

### Part 6: Non-Participating Manufacturer's Certification and Election under ORS 323.816

The Manufacturer listed in Part 2 of this application certifies that it is in full compliance with ORS 323.816, by electing to (check one):

- Comply with the requirements imposed on Participating Manufacturers that are set forth in sections III (except for section III(m)) and VII of the Smokeless Tobacco Master Settlement Agreement. (Do not complete Part 7. Complete Parts 8 and 9 of this application).
- Place into a qualified escrow fund, by April 15 of the year following the year in question, the amount of \$0.40 per unit sold for 2010 or such amount adjusted for inflation for each year thereafter. (Complete all parts of this application)

### Part 7: Qualified Escrow Fund and Financial Institution

The Applicant certifies that at the time of this Certification, the Applicant has:

- Enclosed the completed Annual Escrow Compliance Certificate and Affidavit for the prior year's sales in Oregon.
- Established and continues to maintain a Qualified Escrow Fund as defined in ORS 323.810(3) and said fund complies with ORS 323.810 to 323.816.
- Executed a Qualified Escrow Agreement that has been reviewed and approved by the Attorney General for the State of Oregon and that governs the Qualified Escrow Fund for the State of Oregon. *A copy of the current Qualified Escrow Agreement, including any amendments, is attached.*
- Ensured that the escrow funds held in the Qualified Escrow Fund on behalf of the State of Oregon are in a separate segregated account, separate and apart from escrow funds held on behalf of any other beneficiary.
- Ensured that the Qualified Escrow Fund is not encumbered by a security interest granted to a third party.
- Attached information documenting all deposits and withdrawals from the Qualified Escrow Fund during the last year and attached proof of the current escrow account balance from the Escrow Agent.

Name of Financial Institution

Phone No.

Contact Agent Name

Fax No.

Mailing Address:

Escrow Account No.

Oregon Sub-Acct. No.

**Part 8: Registered Agent/Approved Agent for Service of Process**

The Applicant (check one):

- Is registered to do business in the State of Oregon; or
- Has appointed a resident agent for service of process in the State of Oregon and provided notice of the appointment to the Attorney General for the State of Oregon by submitting a completed **Non-Participating Manufacturer’s Appointment of Registered Agent for State of Oregon and Registered Agent’s Statement**, which can be found at: [Smokeless Registered Agent Statement](#)

**Part 9: Execution by Authorized Designee**

**Declaration made within the United States**

The undersigned certifies that as of the date of this Certification, the above-named Applicant is a smokeless tobacco product manufacturer as defined in ORS 323.810(8).

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 Tobacco Product Manufacturer making this Certification either under the laws of the State of Oregon or of the jurisdiction where the manufacturer resides or is organized. **Any violation of the requirements of ORS 323.810 to 323.816 or ORS 180.465 to 180.494 is a basis for removal of the applicant’s Brands from Oregon’s Directory of compliant Smokeless Tobacco Product Manufacturers.**

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury

Signature of Authorized Person:	Date:
Printed Name of Authorized Person:	Title:

**Declaration made outside the boundaries of the United States**

The undersigned certifies that as of the date of this Certification, the above-named Applicant is a smokeless tobacco product manufacturer as defined in ORS 323.810(8).

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 Tobacco Product Manufacturer making this Certification either under the laws of the State of Oregon or of the jurisdiction where the manufacturer resides or is organized. **Any violation of the requirements of ORS 323.810 to 323.816 or ORS 180.465 to 180.494 is a basis for removal of the applicant’s Brands from Oregon’s Directory of compliant Smokeless Tobacco Product Manufacturers.**

**I declare under penalty of perjury under the laws of Oregon that the foregoing is true and correct, and that I am physically outside the geographic boundaries of the United States, Puerto Rico, the United States Virgin Islands, and any territory or insular possession subject to the jurisdiction of the United States.**

**Executed on the (day) of (month), (year) at (city or other location), (country)."**

Signature of Authorized Person:	Date:
Printed Name of Authorized Person:	Title:

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