



QUARTERLY BRAND SPECIFIC REPORT FOR SMOKELESS TOBACCO PRODUCTS
PRODUCTS WITH OREGON TAX PAID FOR ALL MANUFACTURERS

Part 1: Company Information and Reporting Period

For the _____ QUARTER OF 20 _____
LICENSE NO: _____ (FEIN): _____
Business Name: _____
Physical Address: _____
Mailing Address: _____
Phone No.: _____ Fax No.: _____
Email: _____
Name of Person Completing Form: _____
Phone and Email of Person Completing Form: _____

Part 2: Sales Information and Certification

You Must Check At Least One Box:

- No sales to Report this quarter.
- Sales of smokeless tobacco products are shown in Part 3.
- Part 3 submitted electronically.

Under penalties of false swearing, I declare that I have examined this report, and any additional reports submitted electronic form, and to the best of my knowledge and belief the information provided is true, correct, and complete.

Print Name **Date**
X

Signature of Distributor or Representative **Title**

PLEASE REFER TO THE FOLLOWING
LINK:
[OREGON'S DIRECTORY OF SMOKELESS
TOBACCO BRANDS APPROVED FOR SALE
IN OREGON](#)
FOR THE CORRECT TOBACCO BRAND
MANUFACTURER.

This form is due 20 days after the close of the reporting quarter.

**** ELECTRONIC SUBMISSION****

The Department of Justice requires electronic submission for all documents.

Please contact our office at tobaccoenforcementBSR@doj.oregon.gov or call 503.934.4400 if you need assistance.