



## State of Oregon Packaging Change Only

### Part 1: Manufacturer Identification

Applicant Company Name:		FEIN No.	
Mailing Address:			
City:	State:	Zip:	Country:
Phone:	Fax:	Email:	
Name of Person Completing Certification:			

### Part 2: Manufacturing Facility Information

Plant Name:			
Physical Address:			
City:	State:	Zip:	Country:
Plant Phone:		Plant Fax:	
Name/Title of Person at Plant (if different than above):			

### Part 3: Brand Family and Brand Style Identification

**Brand Family and Brand Styles:** Please list each **currently certified** brand style that has packaging changes below. Please provide an **electronic color copy of packaging** that includes views of each side of the packaging and ensure that the UPC is clearly visible. By signing below, you are certifying that the artwork represents how the product will appear on store shelves in Oregon.

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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 323.800 to 323.806 or ORS 180.400 to 180.455 is a basis for removal of the applicant's Brands from Oregon's Directory of compliant Tobacco Product Manufacturers.**

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

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