



**Part 4: Calculation of Deposit Amount**

- A. The appropriate rate for the reporting period is: . . . . . \$0.40
- B. Deposit Subtotal (*Multiply total number of all units in Part 3 by the appropriate rate in Part 4 above*) . . . . . \_\_\_\_\_
- C. The Inflation Adjustment (*Refer to [www.doj.state.or.us](http://www.doj.state.or.us) Multiply Line B – Deposit Subtotal by the applicable inflation adjustment percentage*) . . . . . \_\_\_\_\_
- D. Total Escrow Deposit (*Add Line B – Deposit Subtotal and Line C – Inflation Adjustment*) . . . . . \_\_\_\_\_

**Part 5: Financial Institution**

Name of Institution:		
Authorized Contact Name and Title:		
Phone:	Fax:	Email:
Address:		
Escrow Account No:	Sub-Account No:	(if applicable)
Total Funds Held in a Separate Account for Oregon: \$		
Date of Escrow Agreement:		
Date of Last Amendment to Escrow Agreement:		
<input type="checkbox"/> <b>Attached</b> is a copy of the financial institution’s receipt or other proof of deposit of the proper escrow payment.		

**Part 6: Signature**

Under penalty of perjury, I declare that I am authorized to certify on behalf of the Tobacco Product Manufacturer in Part 1 that all of the information contained in this Escrow Compliance Certificate, including but not limited to the attachments herewith, are true, complete and accurate. **This Escrow Compliance Certificate must also be signed and dated by an authorized notary public.**

Name of Authorized Agent:	Title:
Signature of Authorized Agent:	Date:
Subscribed and sworn to before me on this date:	
Signature of Notary Public:	County of:
My Commission Expires:	

Mail the completed *original* Escrow Compliance Certificate Affidavit with attachments to:  
**Office of the Attorney General for the State of Oregon**  
**Oregon Department of Justice**  
**Civil Enforcement Division; Attn: Tobacco Enforcement**  
**1162 Court Street, NE**  
**Salem, OR 97301-4096**  
**Phone: (503) 934-4400**  
**Fax: (503) 373-7067**

**SEAL:**