

## **Smoke Shop Certification Hold Notification**

A smoke shop may place a hold on its certification for up to six months and is **effective only when receipt is confirmed and approved** by OHA. Complete the entire form and submit all requested materials. The application must be signed and include a current e-mail and mailing address so that OHA may inform you of the approval status. Keep a copy for your records.

E-mail the completed form to ICAA.certification@dhsoha.state.or.us.

Smoke Shop Name		Smoke Sho	Smoke Shop Phone	
Smoke Shop Street Address	City	State	Zip Code	
Mailing Address (if different from above)	City	State	Zip Code	
County where Smoke Shop is located				
Business Name (if different from Smoke Shop Name)		Owner e-m	Owner e-mail address	
Smoke Shop Owner		Smoke Sho	Smoke Shop Owner Phone	
Smoke Shop Owner Signature		Date	Date	
Smoking is prohibited on the premises duri	ng the certification	hold.		
Dates of hold: to				
Choose one of the following two reasons for 0058(7)):  ☐ Remodeling current certified location  ☐ Transferring smoke shop location	on		ld (OAR 333-015-	
Has this smoke shop applied for a 6-month	extension previous	ly :		

Note: A smoke shop may only apply for one 6-month extension. If the smoke shop fails to begin operating at the end of the hold period, OHA may revoke the certification.