

Certified Smoke Shop Contact Information Update Form

Complete this form to update the smoke shop's contact information. **Smoke shops must maintain current contact information with the Oregon Health Authority (OHA)**. If OHA is unable to contact a smoke shop because the contact information is incorrect, OHA may suspend a smoke shop's certification until correct contact information is provided. [(OAR 333-015-0058(4)]

DO NOT use this form to apply for change in ownership, transfer of certification, or change of location.

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

Smoke Shop Name		Smoke Shop Phone	
Smoke Shop Street Address	City	State	Zip Code
County where Smoke Shop is located			
Business Name (if different from Smoke Shop Name)		Business Phone	
Mailing Address (if different from Smoke Shop Street Addr	City ess)	State	Zip Code
Primary Contact Person Name and Title		Primary Contact Person Phone	
Primary Contact Person E-mail Address			
Smoke Shop Owner		Smoke Shop Owner Phone	
Smoke Shop Owner Signature		Date	