



Certified Smoke Shop Contact Information Update Form

Complete this form to update the smoke shop's contact information. Smoke shops must maintain up-to-date contact information with the Oregon Health Authority (OAR 333-015-0068(7)(d)).

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

Mail or email the completed form to:

Tobacco Prevention and Education Program
Attn: ICAA Smoke Shop Certification
Oregon Health Authority, Public Health Division
800 NE Oregon St., Ste. 730, Portland, OR 97232; morefreshair@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 Address)

City

State

Zip Code

Smoke Shop Manager

Smoke Shop Manager Phone

Primary Contact Person Name and Title

Primary Contact Person Phone

Smoke Shop Owner(s)

Smoke Shop Owner Phone

Smoke Shop Owner Signature(s)

Date(s)

OHA use only

Date Reviewed: _____

Date File Updated: _____

Initials: _____

Initials: _____