OKLAHOMA AFFIDAVIT FOR ATTESTATION OF TOBACCO AND VAPOUR PRODUCTS

Affiant hereby states and affirms that:

1. ____________________________, is the manufacturer of a vapor product that is sold or intended to be sold in this state, whether directly or indirectly or through a distributor, retailer, or similar intermediary or intermediaries.

2. ____________________________, attests that this product was available for purchase in the United States as of August 8, 2016, and the manufacturer has applied for a marketing order for the vapor product by submitting a Premarket Tobacco Product Application on or before September 9, 2020, to the United States Food and Drug Administration (FDA); or You have received a marketing order or other authorization for the vapor product from the FDA pursuant to Section 387j of Title 21 of the United States Code.

3. ____________________________, shall notify the Oklahoma Alcoholic Beverage Laws Enforcement (ABLE) Commission within thirty (30) days of any material change to the attestation, including whether the FDA has issued or not issued a market order or other authorization or has ordered the manufacturer to remove the vapor product, either temporarily or permanently, from the United States market.

4. ____________________________, understands that it shall be unlawful for any person, directly or indirectly, to knowingly manufacture, distribute, sell, barter, or furnish in this state any vapor product that is not included in the directory.

The ABLE Commission is relying on information provided in the aforesaid affidavit as to your authority to sell or distribute these products in Oklahoma. If the Commission is not advised in writing of authorization for a product to be sold or distributed in Oklahoma so that it may be placed in the directory, it will be deemed an unlawful product.

Date: ____________________________

______________________________
(Company Name)

Subscribed and sworn to before me this ___ day of ______________________, 20__.

______________________________
Notary Public

My Commission Expires: _______________ Commission No. _______________