

AFFIDAVIT for Signature Authority

The person seeking signature authority in the OHCig Certification Portal must provide all information requested below. The completed form must then be sworn to and signed in the presence of a notary public, notarized, and sent to this address:

Ohio Attorney General's Office
Tobacco Enforcement Unit
30 E. Broad St., 26th Floor
Columbus, Ohio 43215

PERSON SEEKING SIGNATURE AUTHORITY IN THE OHCIG PORTAL

Name: _____

Title: _____

Email for person's OHCig user account: _____

Name of company to which signature authority applies: _____

I, the person identified above, confirm the accuracy of the information provided above and swear to/affirm the truth of the following statements:

1. I am an authorized representative of the company with authority to bind the company by submitting certifications on its behalf to the Ohio Attorney General.
2. The email provided on this document is under my personal control, and it identifies me as a user in the OHCig Certification Portal.
3. Any certifications submitted by the user account linked to the email provided on this document are submitted by me; I take full responsibility for such certifications.
4. I understand that certifications submitted in the OHCig Certification Portal are made under penalty of falsification per Ohio law.
5. I understand that it is my responsibility to notify the Ohio Attorney General's Office if I know or suspect that my OHCig Certification Portal user account has been compromised or is being used without my authorization.

Signature: _____

NOTARY INFORMATION

Sworn and subscribed before me on this date: _____, at

State/County of: _____

Signature of notary public: _____

Name of notary public: _____

Notary commission expiration date: _____