



STATEMENT OF EMPLOYEE KNOWLEDGE AND COMPLIANCE

“Prevention of Youth Access to Tobacco Act”

Company Name _____

Company Address _____

Zip _____

Employee Name _____

Employee Social Security No. _____

- I understand if I violate the conditions of this law, I am subject to an administrative fine levied by the Alcoholic Beverage Laws Enforcement (A.B.L.E.) Commission plus any action conforming to my employer’s disciplinary policy.
- I understand that state law prohibits the sale or distribution of tobacco products to persons under eighteen (18) years of age and out-of-package sales, and requires proof of age of purchaser or recipient if an ordinary person would conclude on the basis of appearance that the prospective purchaser or recipient may be under eighteen (18) years of age.
- I promise, as a condition of my employment, to observe the law.

Employee’s Signature

Date

**File this completed form with the employee personnel records at place of employment.
The form is subject to review by investigative enforcement agents.**

Produced in collaboration with the Oklahoma A.B.L.E. Commission and the Coalition for Responsible Tobacco Retailing, Inc.