

# APPLICATION FOR REIMBURSEMENT OF ASSESSMENT

## PECAN PROMOTION, RESEARCH AND INFORMATION ORDER (7 CFR PART 1223)

The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 522a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting this information to be supplied on this form is from the applicable commodity legislation for research and promotion programs. Furnishing the requested information is necessary for the administration of this program. Submission of Tax Identification Number (TIN) or importer identification number is mandatory and will be used to determine affiliation or entity identity.

**PLEASE READ THE INSTRUCTIONS AT BOTTOM OF APPLICATION  
BEFORE COMPLETION (PLEASE TYPE OR PRINT)**

|                   |       |  |     |
|-------------------|-------|--|-----|
| Name of Applicant | Title | Business Telephone No. (include Area code) |     |
| Name of Business  |       | Tax ID# or Business ID#                    |     |
| Business Address  | City  | State                                      | Zip |

(Importer No. or Broker No.) \_\_\_\_\_ (Certificate of Exemption No.) \_\_\_\_\_

| Name & Address of Producers from whom First Handler has received Domestic Pecans OR<br>Port of Entry and Entry No. for Imported Pecans | Date that assessments were paid on Domestic Pecans OR<br>Entry Date of Imported Pecans | Pounds of Domestic or Imported Pecans which assessments were paid | Amount of Assessment Collected |
|--|--|---|--------------------------------|
|  |  |   |                                |
|  |  |   |                                |
|  |  |   |                                |

**Total amount of assessment collected to be reimbursed: \_** \_\_\_\_\_

A reimbursement is hereby requested for the assessment collected by the U.S. Customs Service or paid by first handlers on pecans that should have been exempted but was paid to the American Pecan Promotion Board on the above-described pecans. I certify that the above information provided in this application for reimbursement is true and correct to the best of my knowledge and I have not previously applied for a reimbursement on the above listed pecans. I further certify that I am authorized to file this application on behalf of the aforementioned business.<sup>1/</sup>

|                             |       |
|-----------------------------|-------|
| Name of Applicant (Print)   | Title |
| X<br>Signature of Applicant | Date  |

<sup>1/</sup> The making of any false statement or representation on this form, knowing it to be false, is a violation of Title 18, Section 1001 United States Code, which provides for the penalty of a fine of \$10,000 or imprisonment of not more than five years, or both.

## INSTRUCTIONS

RECEIPTS OR COPIES THEREOF MUST BE ATTACHED TO THIS APPLICATION

Return to the American Pecan Promotion Board

3880 Hulen St. Suite 650

Fort Worth, TX 76107

forms@eatpecans.com

Receipts or copies thereof, submitted with this application will not be returned. Type or Print this application. Attach additional pages if necessary.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-NEW. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; 2) fax: (202) 690-7442; or 3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.