

**IMPORTER APPLICATION FOR REFUND OF ASSESSMENT
MUSHROOM PROMOTION, RESEARCH, AND CONSUMER INFORMATION
ORDER (7 CFR 1209)**

**PLEASE READ THE INSTRUCTIONS THE REVERSE SIDE OF APPLICATION
BEFORE COMPLETION (PLEASE TYPE OR PRINT)**

Name of Applicant	Business Telephone No. (include area code)		
Name of Business			
Business Address	City	State	Zip

(Importer No. or Broker No. Tax ID No.)

(Certificate of Exemption No.)

Port of Entry and Entry No.	Entry Date	Quantity (Kilograms)	Assessment Collected

Total amount of assessment collected to be refunded: _____

A refund is hereby requested for the assessment collected by the U.S. Customs Service and paid to the Mushroom Council on the above-described mushrooms. I certify that the above information provided in this application for refund is true and correct to the best of my knowledge and I have not previously applied for a refund on the above listed mushrooms. I further certify that I am authorized to file this application on behalf of the aforementioned business. 1/

Name of Applicant (Print)

Title

X _____
Signature of Applicant

Date

1/ Any false statement or misrepresentation may result in a fine of not more than \$10,000, or imprisonment for not more than 5 years, or both (18 U.S.C. 1001).

INSTRUCTIONS

RECEIPTS OR COPIES THEREOF MUST BE ATTACHED TO THIS APPLICATION
Return to the Mushroom Council
Street
City, State Zip

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

NOTE: 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 the Mushroom Promotion, Research, and Consumer Information Act of 1990 (7 U.S.C. 6101-6112). Furnishing the requested information is necessary for the administration of this program. Submission of Tax Identification Number (TIN) or Employer Identification Number (EIN) is mandatory, and will be used to determine affiliation or entity identity.

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 0581-0093. The time required to complete this information collection is estimated to average 15 minutes/hours 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.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

MUS-AFR (09/07)