

APPLICATION FOR REIMBURSEMENT OF ASSESSMENT

**PROCESSED RASPBERRY PROMOTION, RESEARCH
AND INFORMATION ORDER
(7 CFR PART 1208)**

The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 552a) and the Paperwork Reduction Act of 1995. The authority for requesting this information to be supplied on this form is the Commodity Promotion, Research, and Information Act of 1996, Pub. L. 104-127, 110 Stat. 1032 (7 U.S.C. 7411-7425). Furnishing the requested information is necessary for administration of this program. Submission of Tax Identification Number or Business Identification Number is mandatory, and will be used to determine affiliation or entity identification.

**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.)
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Name & Address of Producers from whom First Handler has received Domestic Raspberries for Processing OR Port of Entry and Entry No. for Imported Processed Raspberries	Date that assessments were paid on Domestic Raspberries for Processing OR Entry Date of Imported Processed Raspberries	Pounds of Domestic or Imported Processed Raspberries 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 processed raspberries that should have been exempted but was paid to the National Raspberry Council on the above-described processed raspberries. 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 processed raspberries. I further certify that I am authorized to file this application on behalf of the aforementioned business. 1/

Name of Applicant (Print)	Title
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X Signature of Applicant	Date
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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 National Raspberry 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.

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.

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RAS-AFR (03/09)

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