

APPLICATION FOR REIMBURSEMENT OF ASSESSMENT

**HONEY PACKERS AND IMPORTERS RESEARCH, PROMOTION,
CONSUMER EDUCATION AND INDUSTRY INFORMATION ORDER
(7 CFR PART 1212)**

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).

**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 SS#

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 Honey & Honey Products OR Port of Entry and Entry No. for Imported Honey or Honey Products	Date that assessments were paid on Domestic Honey & Honey Products OR Entry Date of Imported Honey & Honey Products	Pounds of Domestic or Imported Honey and Honey products 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 honey and honey products that should have been exempted but was paid to the Honey Packers and Importers Board on the above-described honey and honey products. 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 honey and honey products. 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

INSTRUCTIONS

RECEIPTS OR COPIES THEREOF MUST BE ATTACHED TO THIS APPLICATION
Return to the: National Honey Board
Street
City, State, Zip Code

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

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).

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.

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