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 Name of Business		Title	Business Telephone No. (include Area code) Tax ID# or Business ID#	
Business Address	City		State	Zip
Importer No. or Broker No.)	(Certificate o	f Exemption No.)	-	
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 a	mount of assessment	collected to be reim	bursed: _
A reimbursement is hereby request processed raspberries that should horocessed raspberries. I certify that to the best of my knowledge and I harther certify that I am authorized	nave been exempted but t the above information p nave not previously appli d to file this application o	was paid to the National provided in this application are imbursement of	Raspberry Council on on for reimbursement on the above listed pro	the above-described is true and correct
Name of Applicant (Print)	Title			
X Signature of Applicant				

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

 $\frac{1}{2}$ 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).

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 0581-0258. 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.

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,