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)

ne of Applicant				Business Telephone No. (include area code)	
e of Business				ı	
ness Address	City	State		Zip	
(Importer No. or Broker No.	Tax ID No.)	(Certificate of	Exemption No.)		
Port of Entry and E	ntry No.		Entry Date	Quantity (Kilograms)	Assessment Collected
	Total a	mount of ass	essment collect	ed to be refunded:	
Council on the above-d is true and correct to th	ested for the assessment colle escribed mushrooms. I certify e best of my knowledge and I ertify that I am authorized to fi	that the abor have not prev	ve information p viously applied f	rovided in this appli or a refund on the a	cation for refund bove listed
Name of Applicant (Print)		Title			-
XSignature of Applicant	Date				
- 2 L-L	24.0				

 $\underline{1}$ / 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).

MUS-AFR (09/07)

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.

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