

License Surrender Form

Enter your Control Number (5 digits): \_\_\_\_\_

Name of the Firm: \_\_\_\_\_

Name of the Person: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**License Amounts Being Surrendered**

License Type	Article	License Number	Amount Surrendered in Kilograms
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> A <input type="checkbox"/> K <input type="checkbox"/> B <input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> SU <input type="checkbox"/> D <input type="checkbox"/> OT <input type="checkbox"/> E <input type="checkbox"/> GR <input type="checkbox"/> G <input type="checkbox"/> LF <input type="checkbox"/> H <input type="checkbox"/> SW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> A <input type="checkbox"/> K <input type="checkbox"/> B <input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> SU <input type="checkbox"/> D <input type="checkbox"/> OT <input type="checkbox"/> E <input type="checkbox"/> GR <input type="checkbox"/> G <input type="checkbox"/> LF <input type="checkbox"/> H <input type="checkbox"/> SW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Public reporting burden for this collection of information is estimated to average 405 hours for form FAS-923, FAS-923A, and FAS-923B (Rev 7096) (one form), and 21 hours for form FAS-924A and FAS-924B (one form). The estimated reporting burden includes the time for reviewing instructions, gathering data needed, completing forms, and record keeping. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the Department of Agriculture, STOP 6630, 1400 Independence Ave., SW, Washington, D.C. 20250-7630, and to the Office of Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Enter your Control Number (5 digits): \_\_\_\_\_

**License Amounts Being Surrendered - Continuation**

License Type	Article	License Number	Amount Surrendered in Kilograms
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> A <input type="checkbox"/> K <input type="checkbox"/> B <input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> SU <input type="checkbox"/> D <input type="checkbox"/> OT <input type="checkbox"/> E <input type="checkbox"/> GR <input type="checkbox"/> G <input type="checkbox"/> LF <input type="checkbox"/> H <input type="checkbox"/> SW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> A <input type="checkbox"/> K <input type="checkbox"/> B <input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> SU <input type="checkbox"/> D <input type="checkbox"/> OT <input type="checkbox"/> E <input type="checkbox"/> GR <input type="checkbox"/> G <input type="checkbox"/> LF <input type="checkbox"/> H <input type="checkbox"/> SW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> A <input type="checkbox"/> K <input type="checkbox"/> B <input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> SU <input type="checkbox"/> D <input type="checkbox"/> OT <input type="checkbox"/> E <input type="checkbox"/> GR <input type="checkbox"/> G <input type="checkbox"/> LF <input type="checkbox"/> H <input type="checkbox"/> SW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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