Day	ment Due	On or	Refore:	
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SOFTWOOD LUMBER RESEARCH, PROMOTION, CONSUMER EDUCATION AND INDUSTRY INFORMATION ORDER (7 CFR 1217)

SHIPMENT/IMPORT QUARTERLY REPORT

For the _____ Quarter, 20XX

(Quarters are as follows: 1 = Jan, Feb, Mar; 2 = Apr, May, Jun; 3 = Jul, Aug, Sep; 4 = Oct, Nov, Dec)

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 the administration of this program. Submission of the Tax Identification Number is mandatory, and will be used to determine affiliation or entity identification.

Company Name:		Tax ID# or Importer ID#:	
Address:			
		Postal Code:	
Contact Person:		Title:	
E-mail:	_	Telephone Number:	
shipped within the Unite <i>include softwood lumber e</i>	eard feet of softwood lumber mand feet of softwood lumber mand states during the applicable of exported from the United States: when the softwood lumber impapplicable quarter:	quarter. ¹ Do not 1):	
LINE 3: Add lines 1 + 2.		3)	
of softwood lumber shippe States. Enter how much	pany may exempt the first 15 m ed domestically or imported into of this exemption your compa on must not exceed 15 million be	o the United 4)any is using this	
	OARD FEET ON WHICH Subtract line 4 from line 3):	5)	
Assessment rate is \$0.XX p Payment must be made in U FOTAL ASSESSMENT I	J.S. Dollars	6)	

1 cubic meter = 423.7760007 board feet SWL-SIQ (12/13) Destroy previous edition.

Enter softwood lumber volumes domestically manufactured and shipped or imported from each of the following regions:

A) USA West:	A)
B) USA South:	B)
C) USA Northeast and Great Lakes States:	C)
D) Canada West:	D)
E) Canada East:	E)
F) Overseas:	F)

NOTE: The sum of lines A through F must equal line 3 on the previous page

I certify that the above information is true and correct to the best of my knowledge and the attached payment represents \$0.XX per thousand board feet of softwood lumber shipped or imported during this reporting period for which I am required to pay the assessment. I also certify that I am authorized to sign this report.

Print Name and Title of Person Completing this Report		
Signature	Date	

INSTRUCTIONS:

Please make your assessment check payable to the Softwood Lumber Board and mail this form with your check to the lockbox address below:

Softwood Lumber Board Street City, State Zip Code

U.S. manufacturers and importers of softwood lumber are required to pay assessments and file this report no later than the thirtieth calendar day of the month following the end of the quarter in which the softwood lumber was shipped. The fiscal year runs from January through December. There are four quarters in each fiscal year. Quarter 1 covers January, February and March. Quarter 2 covers April, May, and June. Quarter 3 covers July, August, and September. Quarter 4 covers October, November, and December. Assessments for softwood lumber shipped during Quarter 1 are due by April 30; for Quarter 2 by July 30; for Quarter 3 by October 30, and for Quarter 4 by January 30. All reports are held in strict confidence by the staff of the Board and the U.S. Department of Agriculture (USDA).

This report is required by law [7 U.S.C. 7416, 7 CFR Part 1212.52 and 7 CFR Part 1212.70]. Failure to report can result in a fine of not less than \$1,000 or more than \$10,000 for each such violation. Each such violation shall be deemed a separate violation. The making of any false statement or representation on this form, knowing it to be false, is a violation of Title 18, Section 1001 United States Code, which provides for the penalty of a fine of \$10,000 or imprisonment of not more than five years, or both.

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 30 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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