

# Application for Reimbursement of Assessment on Imported Cotton and Cotton Content of Imported Products

<b>Reimbursement No.</b>
For CB Office purposes only

**Cotton Board**  
5050 Poplar Avenue  
Suite 1900  
Memphis, TN 38157

Phone: (901) 683-2500  
Fax: (901) 685-1401

**Reimbursement Mailing Address:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Contact Person \_\_\_\_\_

**Importer of Record Name and Address:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Customs Importer Identification No.  
\_\_\_\_\_

**Check Appropriate Category:**

U.S. Produced Cotton                       No Cotton Content

Extra Long Staple Cotton                       Corrections

### Description of Merchandise\*

10 Digit HTS Classification of the Imported Product	Net Weight In Kilograms	\$ Amount of Cotton Fee Paid	Date Fee Was Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Continued on page 2       I have attached a separate spreadsheet with this information

Customs District of Entry _____	Exporting Country _____	Country of Origin _____
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**Total Reimbursement Requested \$ \_\_\_\_\_**

**Certification:** I declare that the information provided in this application is true and correct to the best of my knowledge. If any information changes after submission of this application, I will immediately notify the Cotton Board.

**Please print and sign below.**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Attach a copy of the U.S. Customs and Border Protection form 7501 Entry Summary and Commercial invoices or other such documentation in english indicating the origin of the production or type of the cotton fiber used to produce the imported product.

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/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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