

**APPLICATION FOR REIMBURSEMENT OF ASSESSMENT
MANGO PROMOTION, RESEARCH, AND CONSUMER INFORMATION ORDER
(7 CFR 1206)**

**PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE
BEFORE COMPLETION (PLEASE TYPE OR PRINT)**

Name of Applicant (First handler or importer) (print)	Title	Business Telephone No. (include Area code)
Name of Business		Tax ID# or Employer ID#
Business Address	City	State Zip

Name and address of Producers from whom the First Handlers has received Domestic Mangos or Port of Entry and Entry No. for Imported Mangos	Date that assessments were paid on Domestic Mangos or Entry Date for Imported Mangos	Domestic pounds handled and exported or pounds imported	Pounds of Domestic or imported mangos on which assessments were paid	Amount of Assessments Collected

Total amount of assessment collected to be reimbursed: _____

Domestic mangos that are exported will not be assessed and Importers and First Handlers who receive a certificate of exemption are eligible for reimbursement of any assessments paid. All requests for reimbursement must be submitted to the National Mango Board (NMB) within 90 days of the last day of the calendar year the mangos were imported or sold domestically.

Since I have been approved by the NMB as an exempt importer or first handler, a reimbursement is hereby requested for the assessment collected by the U.S. Customs Service or paid by a first handler on domestically produced mangos and paid to the National Mango Board on the above-described mangos. I certify that the above information provided in this application for reimbursement is true and correct to the best of my knowledge and I have not previously applied for a reimbursement on the above listed mangos. I further certify that I am authorized to file this application on behalf of the aforementioned business. 1/

X _____
Signature of Applicant

Date

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 Mango Board

Street

City, State Zip Code

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 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 Tax Identification Number (TIN) or Employer Identification Number (EIN) is mandatory, and will be used to determine affiliation or entity identification.

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 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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