

APPLICATION FOR REFUND OF ASSESSMENT PAID

PAPER AND PAPER-BASED PACKAGING PROMOTION, RESEARCH AND INFORMATION ORDER

(7 CFR PART 1222)

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).

**PLEASE READ THE INSTRUCTIONS OF APPLICATION
BEFORE COMPLETION (PLEASE TYPE OR PRINT)**

Name of Applicant	Title	Business Telephone No. (include Area code)		
Name of Business	Tax ID# or SS#			
Business Address	City	State	Zip	
(Importer No. or Broker No.)		(Certificate of Exemption No.)		
Port of Entry and Entry No. for Imported Paper and Paper-Based Packaging		Entry Date of Imported Paper and Paper-Based Packaging	Short tons of Paper and Paper-Based Packaging on which assessments were paid	Amount of Assessment Collected
Total amount of assessment collected to be reimbursed: _____				

A reimbursement is hereby requested for the assessment collected by the U.S. Customs and Border Protection on Paper and Paper-Based Packaging paid by importers on organic product or other product that is not covered under the Paper and Paper-Based Packaging Order. 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 Paper and Paper-Based Packaging. I further certify that I am authorized to file this application on behalf of the aforementioned business. 1/

Name of Applicant (Print)

Title

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:

Paper and Paper-Based Packaging Promotion, Research and Information 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.

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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