

**APPLICATION FOR REIMBURSEMENT OF ASSESSMENT**

**CHRISTMAS TREE PROMOTION, RESEARCH  
AND INFORMATION ORDER  
(7 CFR PART 1214)**

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 Christmas Trees	Entry Date of Imported Christmas Trees	Number of Christmas Trees 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 Service or paid by importers on Christmas trees that should have been exempted but was paid to the Christmas Tree Promotion Board on the above-described Christmas trees. 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 Christmas trees. I further certify that I am authorized to file this application on behalf of the aforementioned business.

Name of Applicant (Print) Title

Signature of Applicant Date

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.

# INSTRUCTIONS

RECEIPTS OR COPIES THEREOF MUST BE ATTACHED TO THIS APPLICATION

Return to: Christmas Tree Promotion 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 0581-0268. 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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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; 2) fax: (202) 690-7442; or 3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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