

Payment Due On or Before: \_\_\_\_\_

**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: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

<p><b>LINE 1:</b> Enter the total board feet of softwood lumber <b>manufactured and shipped within the United States</b> during the applicable quarter.<sup>1</sup> <i>Do not include softwood lumber exported from the United States:</i></p>	<p>1) _____</p>
<p><b>LINE 2:</b> Enter the total board feet of softwood lumber <b>imported to the United States</b> during the applicable quarter:</p>	<p>2) _____</p>
<p><b>LINE 3:</b> Add lines 1 + 2.</p>	<p>3) _____</p>
<p><b>LINE 4:</b> Each year a company may exempt the first 15 million board feet of softwood lumber shipped domestically or imported into the United States. <b>Enter how much of this exemption your company is using this quarter:</b> <i>(Yearly exemption must not exceed 15 million board feet)</i></p>	<p>4) _____</p>

**TOTAL NUMBER OF BOARD FEET ON WHICH ASSESSMENT IS DUE** (Subtract line 4 from line 3): 5) \_\_\_\_\_

Assessment rate is \$0.XX per thousand board feet

*Payment must be made in U.S. Dollars*

**TOTAL ASSESSMENT DUE (U.S. Dollars):** 6) \_\_\_\_\_

<sup>1</sup> 1 cubic meter = 423.7760007 board feet

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.

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Print Name and Title of Person Completing this Report

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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).

NOTE: This report is required by law [7 U.S.C. 7416, 7 CFR Part 1212.52 and 7 CFR Part 1212.70]. 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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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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