

# 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

<b>Reimbursement Mailing Address:</b>			
Name _____			
Address _____			
_____	_____	_____	_____
City	State	Zip	
Telephone _____			
Contact Person _____			

<b>Importer of Record Name and Address:</b>			
Name _____			
Address _____			
_____	_____	_____	_____
City	State	Zip	
Customs Importer Identification No. _____			

<b>Check Appropriate Category:</b>			
<input type="checkbox"/> U.S. Produced Cotton	<input type="checkbox"/> No Cotton Content		
<input type="checkbox"/> Extra Long Staple Cotton	<input type="checkbox"/> 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

<b>Customs District of Entry</b> _____	<b>Exporting Country</b> _____	<b>Country of Origin</b> _____
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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 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.

**USDA's Nondiscrimination Statement**

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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).

