

**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)<br>(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 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 NMB 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. <sup>1/</sup>

X \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<sup>1/</sup> The making of any false statement or representation on this form, knowing it to be false, is a violation of Title 18, §1001 United States Code, which provides for the penalty of a fine of \$10,000, imprisonment of not more than 5 years, or both.

## 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 (5 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 importer identification number 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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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, 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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