

APPLICATION FOR REFUND OF ASSESSMENT PAID

**SOFTWOOD LUMBER RESEARCH, PROMOTION, CONSUMER EDUCATION,
AND INDUSTRY INFORMATION ORDER
(7 CFR PART 1217)**

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. §552a) 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).

**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	E-mail Address	Tax ID# or Employer ID#
Business Address	City State	Zip Country

Importer No. (as per Customs records) _____

Port of Entry and Entry No. for Imported Softwood Lumber	Entry Date of Imported Softwood Lumber	Quantity of Softwood Lumber on which assessments were paid	Amount of Assessment Collected

Total amount of assessment collected to be reimbursed: _____

A reimbursement is hereby requested for the assessments collected by the U.S. Customs and Border Protection from importers of Softwood Lumber and paid to the Softwood Lumber Board. 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 Softwood Lumber. 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/} The making of any false statement or misrepresentation on this form, knowing it to be false, is a violation of Title 18, §1001 United

States Code, which provides for in the penalty of a fine of not more than \$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: Softwood Lumber 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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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 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.

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