**Form Approved OMB 0581-0328**

**AMERICAN PECAN PROMOTION BOARD**

**DOMESTIC PRODUCER (IMPORTER) APPLICATION FOR EXEMPTION FROM ASSESSMENT**

**In accordance with 7 CFR 1223.53 of the Pecan Promotion, Research, and Information Order (Exemption Procedures):** Any producer (importer) who produces (imports) less than 50,000 pounds of inshell pecans (25,000 pounds of shelled pecans) on average for four fiscal periods (the fiscal period for which the exemption is claimed and the previous three fiscal periods) may apply for exemption from the American Pecan Promotion Board. The fiscal period is defined as October 1 to September 30.

The Board may audit requesters to provide supporting documentation or reports to verify production of exempt pecans.

**CERTIFICATION STATEMENT**

(To Be Signed and Dated by Applicant)

**I hereby certify the following total levels of domestic pecan production is less than 50,000 pounds of inshell pecans (25,000 pounds of shelled pecans) for fiscal years 20xx/20xx, 20xx/20xx, 20xx/20xx and 20xx/20xx. I therefore request a Certificate of Exemption from the American Pecan Promotion Board for the fiscal year 20xx/20xx. (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.)**

|  |  |  |
| --- | --- | --- |
|  | **Inshell Pounds** | **Shelled Pounds** |
| **Actual Total for 10/1/20xx-9/30/20xx** |  |  |
| **Actual Total for 10/1//20xx-9/30/20xx** |  |  |
| **Actual Total for 10/1/20xx-9/30/20xx** |  |  |
| **Estimated Total for 10/1/20xx-9/30/20xx** |  |  |
| **Total for 4 Years** |  |  |
| **Average=Total for 4 Years Divided by 4** |  |  |

**Signature Date:**

**Please Print**

**Name of Applicant:**

**Company Name (if applicable):**

**Street Address:**

**City: State:**

**Zip Code: Phone: E-mail:**

Please send this completed Application for Exemption from Assessment to the American Pecan Promotion Board (APPB) at the following address:

APPB

Address

State, City Zip

E-mail:\_\_\_\_\_\_\_

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 0581-0328. 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, completing and reviewing the collection of information.

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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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