

**AMERICAN PECAN PROMOTION BOARD
 PECAN PROMOTION, RESEARCH, AND INFORMATION ORDER (7 CFR 1223)
 IMPORTER REPORT FOR FY20XX**

PLEASE READ THE INSTRUCTIONS ON THE THIRD PAGE BEFORE COMPLETING REPORT

ASSESSMENTS DUE MONTHLY

M a i l R

PART A: REPORT FOR _____ 20XX/20XX SUBMITTED BY:
 (MONTH)

 (Name of Individual Completing This Report)

 (Telephone No., Include Area Code)

 (Name of Business/Company)

 (Importer Number)

 (Address)

 (E-mail Address)

 (City)

 (State)

 (Zip)

 (Country)

PART B: IMPORTER ASSESSMENT CALCULATION. (You may attach your own separate sheet)

ENTRY NUMBER	ENTRY DATE	COUNTRY OF ORIGIN	TOTAL POUNDS <u>In-shell</u> PECANS X \$0.xx	TOTAL POUNDS <u>Shelled</u> PECANS X \$0.xx	ASSESSMENT/AMOUNT OWED

TOTAL ASSESSMENT DUE APPB \$ _____

PART C: IMPORTER NON-ASSESSED, EXEMPT ORGANIC PECANS OR BELOW 50,000 POUNDS INSHELL (25,000 POUNDS SHELLED) RECEIVED AND NO ASSESSMENT HAS BEEN PAID. (You may attach your own separate sheet)

ENTRY NUMBER	ENTRY DATE	COUNTRY OF ORIGIN	BILL OF LADING ID#	TOTAL POUNDS In-shell	TOTAL POUNDS Shelled	Exemption Certification #

CERTIFICATION:

I certify that the above information is true and correct to the best of my knowledge and the attached remittance represents \$0.xx per pound for all in-shell pecans, and \$0.xx per pound for shelled pecans imported during this reporting period on which I was required to pay the assessment. I also certify that I am authorized to sign this report.

NAME (PRINT)

SIGNATURE

TITLE

DATE

ANY FALSE STATEMENT OR MISREPRESENTATION ON THIS FORM MAY RESULT IN A FINE OF NOT MORE THAN \$10,000, OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS, OR BOTH (18 U.S.C. 1001)

INSTRUCTIONS

Importers are required to file the **Importer Report** monthly. The American Pecan Promotion Board (APPB) must receive the original of the report, with signature, and full remittance **by 10th day of the month following the month in which it is due**. A late payment charge will be imposed on any handler/importer who fails to remit the total amount due by 10th day following the month that it is due. The individual completing this report will provide their name and contact information in Part A; note the lots' entry numbers, entry date, country of origin, bill of lading identification number (if available), amount received and calculate assessment due in Part B; note this same information along with the exemption certification number in Part C and sign the certification statement at the bottom of this form. The staff of the American Pecan Promotion Board holds all reports in strict confidence.

Importer Definition: The definition of Importer is stated in Section 1223.9 of the Pecan Promotion, Research and Information Order (Part 1223) as follows:

"Importer means any person who imports pecans into the United States as a principal or as an agent, broker, or consignee of any person who produces or handles pecans outside of the United States for sale in the United States, and who is listed in the import records as the importer of record for such pecans."

Responsibility for Assessment Collection: As stated in Section 1223.52 (e) of the Pecan Promotion, Research, and Information Order (Part 1223),

"Each importer of pecans shall pay an assessment to the Board on pecans imported for marketing in the United States, through Customs. If Customs does not collect an assessment from an importer, the importer is responsible for paying the assessment directly to the Board no later than the 10th of the month following the month the assessed pecans were imported into the United States."

Assessment Exemption: Also note that any importer importing less than 50,000 pounds of inshell pecans (25,000 pounds of shelled pecans) on average for the last four years may apply to the APPB for exemption from assessment.

Organic Assessment Exemption: Also note that any importer importing organic pecans may apply annually to the APPB for exemption from assessment.

Submission of Reports and Payments: Reports and payments are to be sent to the Pecan Board at the following address:

APPB, Address
City, State Zip

Contact the APPB at (xxx) xxx-xxxx (phone) or E-mail _____ with any questions concerning this report or APPB assessment requirements.

NOTE: The following statements are made in accordance with the Privacy Act of 1974 (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 Employer Identification Number (EIN) 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 0581-0328. 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 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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