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)			Business Telephone No. (include Area code)	
Name of Business			Tax or Business Identification No.	
Name of Basiness			Tax of Business Identification 116.	
Business Address City			State	
Dusiliess Address			State	
	-			
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 assessme	nt collected to be reimbu	ursed:	
Domestic mangos that are exported exemption are eligible for reimburs to the National Mango Board (NMB sold domestically.	ement of any assessme	nts paid. All requests for r	eimbursement must be	submitted
Since I have been approved by the for the assessment collected by the and paid to the National Mango Bo this application for reimbursement reimbursement on the above listed aforementioned business. 1/	e U.S. Customs Service ard on the above-descr is true and correct to the	or paid by a first handler of ibed mangos. I certify that be best of my knowledge an	on domestically produced the above information p d I have not previously a	d mangos provided in applied for a
X				
Signature of Applicant			Date	ė

 $\underline{1}$ / any false statement or misrepresentation 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

RECEIPTS OR COPIES THEREOF MUST BE ATTACHED TO THIS APPLICATION

Return to:
National Mango Board
3101 Maguire Blvd, Suite 111
Orlando, FL 32803

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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