

**APPLICATION FOR REFUND  
CHRISTMAS TREE PROMOTION, RESEARCH AND INFORMATION ORDER**

The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 552a) and the Paperwork Reduction Act of 1995. 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 or Business Identification Number is mandatory, and will be used to determine affiliation or entity identification.

**INSTRUCTIONS:**

1. This application must be postmarked within 30 days after the Secretary announces the results of the referendum.
2. Attach documentation or a copy thereof, or such evidence deemed satisfactory to the Board, with this application.
3. Applicant's name must be the same as it appears on the bill of sale or other proof of sale.
4. Refund application must be signed by the person receiving the refund.

**Applicant's Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Tax ID# or Bus. ID#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_ **Web-site:** \_\_\_\_\_

**PROOF OF ASSESSMENT**

Date(s) assessment(s) paid: \_\_\_\_\_

ENTER TOTAL NUMBER OF CHRISTMAS TREES CUT and SOLD on which assessments were paid: \_\_\_\_\_

AMOUNT OF ASSESSMENTS PAID: \$ \_\_\_\_\_

ENTER TOTAL NUMBER OF CHRISTMAS TREES **IMPORTED** on which assessments were paid: \_\_\_\_\_

AMOUNT OF ASSESSMENTS PAID ON IMPORTED CHRISTMAS TREES: \$ \_\_\_\_\_

Country of Origin, Port of Entry No. and other information as requested:  
 \_\_\_\_\_  
 \_\_\_\_\_

**TOTAL AMOUNT OF REFUND REQUESTED** \$ \_\_\_\_\_

**CERTIFICATION:** I certify, under penalties provided by law, that: The applicant requesting this refund, paid the assessment for which a refund is sought. The information is correct and not false or fraudulent. A request has not previously been submitted, nor a refund received on the assessment paid above. I am authorized to sign this refund application on behalf of the applicant.

\_\_\_\_\_  
NAME (PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**PENALTIES:** You may, by law, be fined up to \$10,000, imprisoned up to five years or both for knowingly or willfully making false statements within this document (18 U.S.C. Section 1001).

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**Please Mail To: Christmas Tree Promotion Board  
Street, City, State, Zip Code**

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-NEW. The time required to complete this information collection is estimated to average 30 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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