

UNITED STATES DEPARTMENT OF AGRICULTURE
 AGRICULTURAL MARKETING SERVICE

SORGHUM PROMOTION, RESEARCH, AND INFORMATION PROGRAM

A program of promotion, research, and information designed to strengthen, expand and develop new foreign and domestic markets for sorghum.

APPLICATION FOR REFUND

Applicant acknowledges that this refund application is made pursuant to the Sorghum Promotion, Research, and Information Order.

Note: 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 0581-0246. The time required to complete this information collection is estimated to average 10 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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INSTRUCTIONS:

1. This application must be postmarked within 60 days following the date that assessments were paid. But no later than the date 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 account of sale.
4. Refund application must be signed by the person receiving the refund.

Applicant's Name (first, last, middle)	MAIL THIS APPLICATION TO: U.S. Department of Agriculture c/o Sorghum Promotion, Research, and Information Board P.O. Box 23172 Washington, DC 20026-3172
Address	
City, State, Zip Code	
Telephone No. (include area code)	

PROOF OF ASSESSMENT

a. Company collecting assessments

Name _____

Address _____

City, State, Zip Code _____

b. Date(s) assessment paid _____

c. Weight or volume of Sorghum _____

d. Value of Sorghum _____

e. Total amount of refund requested \$ _____

CERTIFICATION STATEMENT

I certify, under penalties provided by law, that: The applicant requesting this refund, paid the assessment for which a refund is sought. The information in this request 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.

SIGNATURE OF APPLICANT OF AUTHORIZED REPRESENTATIVE	DATE
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