

**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)

Address

City, State, Zip Code

Telephone No. (include area code)

**MAIL THIS APPLICATION TO:**

**United Sorghum Checkoff Program  
4201 North Interstate 27  
Lubbock, Texas 79403  
(806) 687-8727**

**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