

**FIRST HANDLER'S REPORT FOR HONEY PACKERS AND IMPORTERS RESEARCH, PROMOTION, CONSUMER EDUCATION, AND INDUSTRY 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).

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Tax ID# or SS#: \_\_\_\_\_

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

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

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

PERIOD COVERED BY THIS REPORT: \_\_\_\_\_ DATE OF LAST REPORT: \_\_\_\_\_

**FOR ADDITIONAL SPACE, YOU MAY ATTACH YOUR OWN SEPARATE SHEETS. For questions about completing this report call (800) 553-7162**

**SECTION 1:** This section represents all assessable honey or honey products.

1.) LIST POUNDS OF HONEY OR HONEY PRODUCTS OF YOUR OWN PRODUCTION HANDLED: \_\_\_\_\_

2.) LIST POUNDS OF HONEY OR HONEY PRODUCTS PURCHASED FROM PRODUCERS:

List the name and address of each producer along with the corresponding pounds purchased from each producer.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL ALL POUNDS FROM 1 AND 2 ABOVE. \_\_\_\_\_

**TOTAL AMOUNT OF ASSESSMENTS DUE:** Assessment of \$0.01 per pound is due with this report. \$0.01 \_\_\_\_\_

**SECTION 2: SKIP THIS SECTION IF all honey or honey products you have purchased, both domestic and imported, have already been reported and the assessment paid to the National Honey Board.**

1.) LIST POUNDS OF HONEY OR HONEY PRODUCTS PURCHASED FROM OTHER FIRST HANDLERS, OR IMPORTERS:

List each handler's name and address along with the corresponding pounds. These are honey or honey products purchased on which the assessment has already been paid by the supplier.

_____	_____
_____	_____
_____	_____

2.) LIST POUNDS OF HONEY OR HONEY PRODUCTS YOU HAVE IMPORTED \_\_\_\_\_

(Assessments have already been paid)

**CERTIFICATION:** I certify that the above information is true and correct to the best of my knowledge and the attached payment represents \$0.01 per pound on all honey or honey products listed in section 1 handled during this reporting period for which I am required to pay the assessments as the first handler. The assessments on the pounds reported in section 2 have been reported and remitted by others for my account. I will submit verification of the above upon request.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

**Please Mail To: National Honey Board  
11409 Business Park Circle #210  
Firestone, CO 80504**

This report is required by law [7 U.S.C. 7416, 7 CFR Part 1212.52 and 7 CFR Part 1212.70]. Failure to report can result in a fine of not less than \$1,000 or more than \$10,000 for each such violation. Each such violation shall be deemed a separate violation. The making of any false statement or representation on this form, knowing it to be false, is a violation of Title 18, Section 1001 United States Code, which provides for the penalty of a fine of \$10,000 or imprisonment of not more than five years, or both.

**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), Social Security Number 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 0581-0093. 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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