

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 \$0.015 per pound is due with this report. _____

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 \$0.015 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
P.O. BOX 2189
Longmont, CO 80502
or email to missy@nhb.org

Title 18, Section 1001 United States Code (False Statements)

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.

Privacy Act and Paperwork Reduction Act Statement.

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 from the applicable commodity legislation for research and promotion programs. Furnishing the requested information is necessary for the administration of this program. Submission of Tax Identification Number (TIN) or importer identification number is mandatory and will be used to determine affiliation or entity identity.

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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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; 2) fax: (202) 690-7442; or 3) email: program.intake@usda.gov.

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