

**APPLICATION FOR CERTIFICATION OF ORGANIZATION**

**HONEY PACKERS AND IMPORTERS RESEARCH, PROMOTION,  
CONSUMER EDUCATION AND INDUSTRY INFORMATION ORDER  
(7 CFR PART 1212)**

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).

1. Please mark an "X" in the appropriate block for which organization or association you are applying for certification: (Mark only one box. If you are applying for more than one group below, a separate form must be filled out for each group.)

**Producers**       **Importers**       **First Handlers**       **Marketing Cooperative**

2. **Name of Organization:** \_\_\_\_\_ **Tax ID#** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone No.** \_\_\_\_\_ **Fax No.** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

3. Total Members in most recent calendar year: \_\_\_\_\_

4. What percent of your members are considered producers \_\_\_\_\_; handlers \_\_\_\_\_; importers \_\_\_\_\_?

5. What is the Volume of Honey or Honey Products that the Association represents (pounds)? \_\_\_\_\_

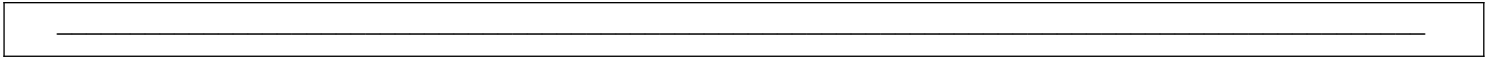
6. If producer or handler organization: Does your organization represent a substantial number of producers or handlers who produce or market a substantial volume of honey or honey products in at least 20 States? If yes, **list States**.

7. If importer organization: What percent of the total volume of honey or honey products imported in the U.S. do your members represent? (pounds and percent of total) \_\_\_\_\_ pounds \_\_\_\_\_ percent of total imports

8. List of Source(s) from which your organization operating funds are derived: \_\_\_\_\_

9. Describe purpose/function of the organization: \_\_\_\_\_

10. Describe the organization's ability and willingness to further the purpose and objectives of the Honey Packer and Importer Order: \_\_\_\_\_



**CERTIFICATION AND SIGNATURE**

I hereby certify that: (1) an interest of this organization is in the production or marketing of honey or honey products and (2) the information provided in response to the above items is true, complete, and correct to the best of my knowledge. The organization also agrees to take reasonable steps to publicize to non-members the availability of open Board positions and will consider nominating a non-member if he or she expresses an interest in serving on the Board. The Secretary of Agriculture may examine our books, documents, papers, records, files, and facilities to verify any of the information submitted and may procure such other information as may be required to determine this organization's eligibility for certification.

\_\_\_\_\_  
**Print Name and Title of Person Completing this Application**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

**IMPORTANT NOTES**

**NOTE: Information is collected in order to determine eligibility of organizations to nominate producers, importers, first handlers, and honey marketing cooperatives to serve as members of the Honey Packers and Importers Board. Application is voluntary and information is held confidential.**

**Organizations must apply for certification by the Secretary to be eligible to participate in the making of nomination of honey producers, honey importers, first handlers, and honey marketing cooperatives to serve as members and alternates of the Board as provided in the Honey Packers and Importers Research, Promotion, Consumer Education and Industry Information Order. Information submitted in response to all items must be complete. Please type or print clearly. Send original only to:**

**Research and Promotion Branch  
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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