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THIS FORM IS TO BE USED TO ADD NEW PRODUCERS AND THEIR INFORMATION**THIS SUPPLEMENTAL PAGE SHOULD ONLY BE USED WITH A COMPLETED HANDLER'S REPORT****DESIGNATED HANDLER'S REPORT FOR WATERMELON RESEARCH AND PROMOTION ACT**

Report Submitted By:

N.W.P.B. Account No.:

Month Covered By This Report:

Date of Last Report (State if First or Last Report)


**National
Watermelon
Promotion Board**

Street, City, State, Zip Code

Telephone numbers

INSTRUCTIONS: Mail the original copy to the N.W.P.B. with full remittance. Must be postmarked within 30 days after the month the watermelons were handled.
WATERMELONS AS WELL AS YOUR OWN PRODUCTION:

FULL NAME, ADDRESS AND PHONE NUMBER OF PRODUCER	N.W.P.B. ACCOUNT NUMBER	CWT			
		** *(1)	PRODUCER'S ASSESSMENT *(2)	HANDLER'S ASSESSMENT *(3)	TOTAL ASSESSMENT *(4)
**HUNDREDWEIGHT(CWT) Grand Totals:					

For N.W.P.B. Use Only.

Check #.

Check Amount:

Date Deposited:

Batch #

CERTIFICATION: I certify that the above information is true and correct to the best of my knowledge and the attached remittance represents all watermelons handled during this reporting period on which was required to pay the assessment.

Date

Signature and Title

Directions For NWPB Handler's Report

1. **REPORT SUBMITTED BY:** Put your company name.
2. **NWPB ACCOUNT NO.:** Put your handler number.
3. **MONTH COVERED BY THIS REPORT:** Put the month in which the watermelons were handled. (Please complete a separate report for each month in which watermelons were handled.)
4. **DATE OF LAST REPORT:** Put the month of the last report. Put "First" if this is the first report of the year. Put "Last" if this is the last report of the year.
5. **NAME OF PRODUCER:** Put the name of the producer. (If you have never reported this producer before, please use a supplemental handler's report form and include the address, phone number, and name of contact person if company name is listed.)
6. **NWPB ACCOUNT NUMBER:** Put the NWPB Account number for that producer. If you do not have the NWPB account number, you can call us to get it or leave the column blank.
7. **CWT:** Means hundredweight. To get the hundredweight, take the number of pounds bought from the producer and divide by 100.
8. **PRODUCER'S ASSESSMENT:** To get the producer's assessment, take the CWT and multiply by .xx.
9. **HANDLER'S ASSESSMENT:** To get the handler's assessment, take the CWT and multiply by .xx.
10. **TOTAL ASSESSMENT:** To get the total assessment, add the producer's assessment and the handler's assessment together.
11. Repeat steps 5 – 10 for any additional producers handled during that month.
12. **GRAND TOTALS:** Add all columns down to get the grand totals.
13. Sign and date the report.
14. Send the check for grand total of the Total Assessment column in the darkened box.
15. Reports must be received in our office by the 40th day after the month in which the watermelons are handled. (A calendar is included containing the due dates.) If received after the due date, interest and penalties will be billed out.

If you have any questions, please call the Industry Affairs Department toll-free at (xxx) xxx-xxxx

INSTRUCTIONS FOR COMPLETING HANDLER'S REPORT:

- * (1) The CWT (Total Hundredweight) of watermelons handled.
- * (2) Dollar amount of producer assessment (Column (1) x assessment rate).
- * (3) Dollar amount of handler assessment (Column (1) x assessment rate).
Column (2) and Column (3) should be equal amounts.
- * (4) Total amount of producer and handler assessment (Column (2) + Column (3)).

Total each column to arrive at grand total.

The grand total of column (4) = assessment rate per CWT which is the total amount owed.

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 Watermelon Research and Promotion Act (7 U.S.C. 4901-4916).

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 45 minutes/hours 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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