

FIRST HANDLER REPORT
U.S. HONEY PRODUCER RESEARCH, PROMOTION, AND CONSUMER 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). Furnishing the requested information is necessary for the administration of this program. Submission of Tax Identification Number or Business Identification Number is mandatory, and will be used to determine affiliation or entity identification.

Name: _____
 Company Name: _____ Tax ID# or Bus. ID#: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ E-Mail: _____
 Phone No.: _____ Fax No.: _____ Web-site: _____

PERIOD COVERED BY THIS REPORT: _____ DATE OF REPORT (Due to Board): _____

FOR ADDITIONAL SPACE, YOU MAY ATTACH YOUR OWN SEPARATE SHEETS. For questions about completing this report call (XXX) xxx-xxxx

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

1.) LIST POUNDS OF HONEY OF YOUR OWN PRODUCTION HANDLED: _____

2.) LIST POUNDS OF HONEY 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. _____

Assessment of \$0.xxx per pound is due with this report X \$0.xxx

TOTAL AMOUNT OF ASSESSMENTS DUE: _____

Section 2:

LIST POUNDS OF HONEY PURCHASED FROM OTHER FIRST HANDLERS: _____
 TOTAL

*Note: Assessments are not due on U.S. honey purchased from a first handler.

CERTIFICATION: I certify that the above information is true and correct to the best of my knowledge and the attached payment represents \$0.xxx per pound on all honey 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. I will submit verification of the above upon request.

 SIGNATURE

 DATE

 TITLE

Please Mail To: U.S. Honey Producers Board
Street, City, State, Zip Code

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.

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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