FORM APPROVED OMB NO. 0581-0093

United States Department of Agriculture
Agricultural Marketing Service

OFFICIAL REFERENDUM BALLOT

Honey Research, Promotion, and Consumer Information Order

To be counted, completed ballots must be received by the U.S. Department of Agriculture on Month xx, 20xx, by xx:xx p.m.

NOTE: Only one vote will be counted for each eligible producer and importer. Incomplete ballots will be INVALID and will not be counted in the referendum.

I. CERTIFICATION

1. I am currently a honey **PRODUCER ☐ or IMPORTER ☐** (Check one), and I paid assessments during the period Month xx, 20xx to Month xx, 20xx.

2. I produced or imported _____ pounds of honey between January 1, 20xx and December 31, 20xx.

Preprinted totals for producers include honey produced and reported by a handler by Month xx, 20xx. Totals for importers include honey imports reported by U.S. Customs. If corrections need to be made, please cross out and **legibly** write in the correct information. Submit documentation to support these changes along with your ballot to USDA.

II. VOTE

Instructions: Mark one box only.

Do you favor the continuance of the Honey Research, Promotion, and Consumer Information Program?

YES ☐ **NO ☐**

III. SIGNATURE

ALL BALLOTS MUST BE SIGNED AND DATED BELOW IN ORDER TO BE COUNTED.

I **CERTIFY** that I am the person authorized to cast this ballot and that the information contained on this ballot is true, complete, and correct to the best of my knowledge and belief, and is made in good faith. If this ballot is being cast on behalf of any group of individuals, partnership, corporation, or other business entity engaged in the production or importation of honey, I also **CERTIFY** that I have the authority to cast this ballot.

X _____ _____
SIGNATURE DATE

_____ (___) - ___ - _____
COMPANY NAME BUSINESS TELEPHONE NUMBER

IV. MAILING

Return ballot in the enclosed, postage-paid envelope.

FALSIFICATION OF INFORMATION OR MISREPRESENTATION OF IDENTITY ON THIS GOVERNMENT DOCUMENT MAY RESULT IN A FINE OF NOT MORE THAN $10,000, OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS, OR BOTH. (18 U.S.C. 1001)

According to the Paperwork Reduction Act of 1995, an agency may or 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 the information collection is 0581-0093. The time required to complete this information collection is estimated to average 15 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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BALLOT

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