

PRODUCER INFORMATION REQUEST

The National Honey Board will be happy to respond to your request to review the assessment payment history we have on file for you.

In order to protect the confidentiality of your assessment history, we must confirm that this request comes from you. To begin this process, please complete each question below.

Return your request to the National Honey Board by mail or fax. If we have not spoken with you previously regarding this request, we will call you to confirm your request. Upon confirmation, your request will be processed as quickly as possible, with the report being mailed to the address or faxed to the number provided below.

Please print clearly.

Name _____

Company Name _____

Address _____

City, State, Zip _____

Telephone (include area code) _____

Tax ID# or Employer ID# _____

- ☐ Please **mail** my report to me. (If you need this information quickly, please use fax option.)

OR

- ☐ Please **fax** my report to me at _____ (fax number)

Signature _____ Date _____

Attention: Xxxxxxx
National Honey Board
Street
City, State Zip
xxx-xxx-xxxx
Fax xxx-xxx-xxxx
E-mail xxxxxxxxxxxxxxxxx



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 the form is the Honey Research, Promotion, and Consumer Information Act (7 U.S.C. 4601-4613). Furnishing the requested information is necessary for the administration of this program. Submission of the Tax Identification Number (TIN) or Employer Identification Number (EIN) 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 3 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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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.