

National Honey Board  
Street  
City, State Zip  
xxx-xxx-xxxx

OMB No. 0581-0093

## HANDLER INFORMATION FORM

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Your name and company name

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Address, City, State and Zip code

**If you process/pack any of your own honey (for sale to bakeries, farmers markets, grocery stores, for export or the like), write your name in the first blank.** List the handlers to whom you have sold honey in the last several years (crop years xxxx, xxxx and xxxx). Continue on the back of this sheet if you need more room.

1.

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Handler name and company name

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Address, City, State and Zip code

2.

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Handler name and company name

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Address, City, State and Zip code

3.

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Handler name and company name

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Address, City, State and Zip code

4.

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Handler name and company name

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Address, City, State and Zip code

Thank you for completing this form. Please return to the National Honey Board at the address listed above.

HON-HIF (09/07)

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