

**HASS AVOCADO PROMOTION, RESEARCH, AND INFORMATION ORDER  
(7 CFR 1219)**

**FIRST HANDLER REPORT**

For the Month of \_\_\_\_\_

**MAIL TO: Hass Avocado Board, Department #xxxx, City, State Zip Code**

**PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING**

<<Contact Person>>  
 <<Business Name>>  
 <<Street Address>>  
 <<City>>, <<State>> <<ZIP>>  
 <<Telephone Number>>

**Farm Tax ID # (TIN) or Employer Identification Number (EIN):** \_\_\_\_\_

Enter total number of pounds of fresh **HASS** avocados handled \_\_\_\_\_

Enter total number of pounds of **LAMB HASS** handled \_\_\_\_\_

**TOTAL POUNDS HANDLED** \_\_\_\_\_

Deduct the number of pounds of fresh Hass avocados exported \_\_\_\_\_

Deduct the number of pounds of Certified Organic Hass avocados\* \_\_\_\_\_

**TOTAL POUNDS ON WHICH  
ASSESSMENT IS DUE**  
\_\_\_\_\_

Assessment rate (x.x cents per pound) \_\_\_\_\_  
X \$0.0xx

Total assessments due \$ \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge and the attached remittance represents x.x cents per pounds for all Hass avocados handled during this reporting period on which I was required to pay the assessment. I also certify that I am authorized to sign this report.

_____	_____
<b>NAME (PRINT)</b>	<b>SIGNATURE</b>
_____	_____
<b>TITLE</b>	<b>DATE</b>

Any false statement or misrepresentation on this form may result in a fine of not more than \$10,000, or imprisonment for not more than 5 years, or both (18 U.S.C. 1001).

**To eliminate reports during a period of inactivity, complete the following statement:**  
 I (we) do not wish to receive the blank assessment report(s) during the circled month(s) below since we will not pick any Hass or Lamb Hass avocados during these months:

Nov    Dec    Jan    Feb    Mar    Apr    May    Jun    Jul    Aug    Sep    Oct

Signature: \_\_\_\_\_

\* Handlers must have a "Certificate of Exemption" from each producer of 100% Organic Hass Avocados operating under an Approved National Organic Program (7CFR Part 205) a system from whom the handler received product.

AVO-FHR (09/07)

**READ INSTRUCTIONS ON OTHER SIDE**

## INSTRUCTIONS

**First handlers are required to pay assessments and file this report monthly for each month in which they handle fresh Hass avocados. The original of the report must be received by the Hass Avocado Board, with full remittance, no later than the last business day of the month within 30 days after the end of the month in which the sale or non-sale transfer subject to assessments under the Hass Avocado Promotion, Research, and Information Order (7 CFR Part 1219). A late payment penalty and an interest charge will be applied to assessments that are delinquent. All reports are held in strict confidence by the staff of the Hass Avocado Board and the U.S. Department of Agriculture (USDA).**

**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 Hass Avocado Promotion, Research, and Information Act of 2000 (7 U.S.C. 7801-7813). Furnishing the requested information is necessary for the administration of this program. Submission of 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 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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