

MANGO PROMOTION, RESEARCH, AND INFORMATION ORDER
(7 CFR 1206)
FIRST HANDLER'S REPORT

PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING

(Name)

(Telephone No.-include area code, FAX No., E-mail address)

(Name of Business/Company)

(Tax ID # or Employer ID#)

(Address)

(City)

(County)
(State)
(Zip)

REPORT OF MANGOS HANDLED DURING (MONTH) 20XX.

LIST BELOW THE NAME AND ADDRESS OF PRODUCERS FOR WHOM YOU HANDLED MANGOS.

NAME AND ADDRESS	PRODUCER FARM ID OR TAX ID NO.	DATE OF TRANSACTION	TOTAL POUNDS	ASSESSMENT PAID	DATE OF ASSESSMENT PAID

TOTAL 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 mangos 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.

NAME (PRINT) _____ **SIGNATURE**

TITLE _____ **DATE**

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).

READ INSTRUCTIONS ON OTHER SIDE

INSTRUCTIONS

First handlers are required to file this report monthly. The original of the report must be mailed to the National Mango Board, with full remittance, within 30 days after the end of the month in which the sale or non-sale transfer subject to assessments under part 1206. All reports are held in strict confidence by the National Mango Board.

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 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 (TIN) or Employer Identification Number (EIN) is mandatory, and will be used to determine affiliation or entity identification.

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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MAN-FHR (09/07)