

**U.S. Highbush Blueberry Council  
 Blueberry Promotion, Research, and Information Order (7 CFR 1218)  
 First Handler Report for 20XX**

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

**ASSESSMENTS DUE NOVEMBER 30, 20XX**

Mail Report and Payment to: USHBC #1 C/O XXX Bank Street City, State Zip
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**PART A: REPORT FOR 20XX SUBMITTED BY:**

\_\_\_\_\_  
 (Name of Individual Completing This Report)

\_\_\_\_\_  
 (Telephone No., Include Area Code)

\_\_\_\_\_  
 (Name of Business/Company)

\_\_\_\_\_  
 (Firm Tax ID# or Employer ID#)

\_\_\_\_\_  
 (Address)

\_\_\_\_\_  
 (E-mail Address)

\_\_\_\_\_  
 (City) (State) (Zip)

**PART B: HANDLER ASSESSMENT CALCULATION.** (Copy form or continue on another sheet if necessary)

LIST BELOW THE NAME AND ADDRESS OF PRODUCERS FOR WHOM YOU HANDLED CULTIVATED BLUEBERRIES AND THE AMOUNT HANDLED

NAME & ADDRESS OF PRODUCER	* IDENTIFICATION NUMBER	TOTAL POUNDS	TOTAL POUNDS/2000 = TOTAL TONS	TOTAL TONS x \$xx= ASSESSMENT DUE
NAME: ADDRESS: E-MAIL:				
NAME: ADDRESS: E-MAIL:				
NAME: ADDRESS: E-MAIL:				
NAME: ADDRESS: E-MAIL:				

\*GROWER OR FARM ID/CORP/PARTNERSHIP, TAXPAYER ID NO. OR EIN.

**TOTAL ASSESSMENT COLLECTED BY HANDLER AND DUE USHBC \$ \_\_\_\_\_**

**CERTIFICATION:**

I certify that the above information is true and correct to the best of my knowledge and the attached remittance represents \$XX per ton for all blueberries 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)

BLU-FHR (REV. 12/13) DESTROY PREVIOUS EDITION.

-CONTINUED ON BACK -

## INSTRUCTIONS

First handlers are required to file the First Handler Report annually. The U.S. Highbush Blueberry Council (USHBC) must receive the original of the report, with signature, and full remittance **by November 30 of each calendar year**. A late payment charge will be imposed on any handler who fails to remit the total amount due by November 30. The individual completing this report will provide their name and contact information in Part A; note producer's name and address, amount received and calculate assessment due in Part B; and sign the certification statement at the bottom of this form. The staff of the U.S. Highbush Blueberry Council holds all reports in strict confidence.

**Handler Definition:** The definition of First Handler is stated in Section 1218.7 of the Blueberry Promotion, Research and Information Order (Part 1218) as follows:

"First Handler means any person, excluding a common or contract carrier, receiving blueberries from producers and who as owner, agent or otherwise ships or causes blueberries to be shipped as specified in the Order. This definition includes those engaged in the business of buying, selling and or/offering for sale; receiving; packing; grading; marketing; or distributing blueberries in commercial quantities. This definition includes a retailer, except a retailer who purchases or acquires from, or handles on behalf of any producer, blueberries. The term first handler includes a producer who handles or markets blueberries of the producer's own production."

**Responsibility for Assessment Collection:** As stated in Section 1218.52 of the Blueberry Promotion, Research, and Information Order (Part 1218),

*"The collection of assessments on domestic blueberries will be the responsibility of the first handler receiving the blueberries. In the case of the producer acting as its own first handler, the producer will be required to collect and remit its individual assessments."*

**Please note that the failure of a handler to collect an assessment from the producer does not release the handler from the responsibility of paying the assessment.**

**Assessment Exemption:** Also note that any grower producing less than 2,000 pounds of blueberries annually can apply to the USHBC for exemption from assessment..

**Submission of Reports and Payments:** Reports and payments are to be sent to the U.S. Highbush Blueberry Council at the following address:  
**USHBC #1, c/o XXX Bank, Street, City, State Zip**

### **Late Payment Fees**

As noted in Section 1218.52, Item E of the Order, *"All final payments for a crop year are to be received no later than November 30 of that year. A late payment charge shall be imposed on any handler who fails to remit to the USHBC the total amount for which any such handler is liable on or before the due date established by the USHBC. In addition to the late payment charge, an interest charge shall be imposed on the outstanding amount for which the handler is liable"*.

Beginning Month XX, 20xx, the USHBC will levy a one-time late payment charge of 5% on the outstanding amount due and an interest charge of 1% per month on the total outstanding balance plus the late payment charge.

**Contact the USHBC office at (xxx) xxx-xxxx (phone) or (xxx) xxx-xxxx (fax) with any questions concerning this report, or USHBC assessment requirements.**

**MAILING ADDRESS: USHBC, STREET, CITY, STATE ZIP**

**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, completing and reviewing the collection of information.

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