Form Approved OMB No. 0581-0093

United States Department of Agriculture
Agricultural Marketing Service

OFFICIAL REFERENDUM BALLOT

Honey Packers and Importers Research, Promotion, Consumer Education and Industry Information Order

To be counted, completed ballots must be received by the U.S. Department of Agriculture by X:XX p.m. Eastern Time on XXX, 20XX.

NOTE: Only one vote will be counted for each eligible handler and importer. Incomplete ballots will be INVALID and will not be counted in the referendum.

I. CERTIFICATION

1. I am currently a honey **FIRST HANDLER ☐ and/or IMPORTER ☐** (Check one), during the period XXX, 20XX, to XXX, 20XX.

2. I handled and/or imported _____ pounds of honey or honey products between XXX, 20XX and XXX, 20XX.

Preprinted totals for handlers include honey handled and reported by XXX. Totals for importers include honey imports reported by U.S. Customs. If corrections need to be made, please cross out and **legibly** write in the correct information. **Submit documentation to support these changes along with your ballot to USDA.**

II. VOTE

Instructions: Mark one box only.

Do you favor continuance of [amendment to] the Honey Packers and Importers Research, Promotion, Consumer Education and Industry Information Order?

YES ☐ **NO ☐**

III. SIGNATURE

ALL BALLOTS MUST BE SIGNED AND DATED BELOW IN ORDER TO BE COUNTED.

I **CERTIFY** that I am the person authorized to cast this ballot and that the information contained on this ballot is true, complete, and correct to the best of my knowledge and belief, and is made in good faith. If this ballot is being cast on behalf of any group of individuals, partnership, corporation, or other business entity engaged in the handling or importation of honey or honey products, I also **CERTIFY** that I have the authority to cast this ballot.

X _____ _____

SIGNATURE DATE

_____ _____

COMPANY NAME BUSINESS TELEPHONE NUMBER

Return ballot in the enclosed, postage-paid envelope.

FALSIFICATION OF INFORMATION OR MISREPRESENTATION OF IDENTITY ON THIS GOVERNMENT DOCUMENT MAY RESULT IN A FINE OF NOT MORE THAN $10,000. OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS, OR BOTH. (18 U.S.C. 1001)

According to the Paperwork Reduction Act of 1995, an agency may or 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 the information collection is 0581-0093. The time required to complete this information collection is estimated to average 15 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.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.