

EGG RESEARCH AND PROMOTION ORDER

Collecting Handler Registration Statement

RETURN TO:

AMERICAN EGG BOARD1460 RENAISSANCE DRIVE
PARK RIDGE, ILLINOIS 60068

PHONE: (847) 296-7043

FOR OFFICE USE ONLY

IDENTIFICATION NUMBER

BUSINESS NAME AND ADDRESS (*City, State, and ZIP Code*)☐

CORPORATION

☐

PARTNERSHIP

☐

OTHER:

TELEPHONE NUMBER (*Include Area Code*)

NAME(S) OF INDIVIDUAL(S) RESPONSIBLE FOR FILING AND CERTIFICATION OF REPORTS WITH AMERICAN EGG BOARD

NAME

TITLE

NAME (If corporation, please list name of president)

TITLE

TYPE OF REPORTING PERIOD (*Please check one*):IMPORTANT: *Date you first handled eggs* _____

- ☐ 1. CALENDAR MONTH ACCOUNTING PERIOD
- ☐ 2. FOUR-WEEK ACCOUNTING PERIOD (13 EQUAL 4-WEEK PERIODS PER YEAR)
(Give starting date of four-week accounting period _____) (Sunday)
- ☐ 3. TWELVE ACCOUNTING PERIODS ANNUALLY ON FOUR-WEEK, FOUR-WEEK, FIVE-WEEK CYCLES.
(Give starting dates of first six periods:)
1. *Four-weeks beginning* _____ (*Sunday*)
 2. *Four-weeks beginning* _____ (*Sunday*)
 3. *Five-weeks beginning* _____ (*Sunday*)
 4. *Four-weeks beginning* _____ (*Sunday*)
 5. *Four-weeks beginning* _____ (*Sunday*)
 6. *Five-weeks beginning* _____ (*Sunday*)

SIGNATURE

TITLE

DATE

BURDEN AND NONDISCRIMINATION STATEMENT

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