

DESIGNATED HANDLER'S REPORT FOR WATERMELON RESEARCH AND PROMOTION ACT

Report Submitted By:
N.W.P.B. Account No.:
Month Covered By This Report:
Date of Last Report (State if First or Last Report)



National Watermelon Promotion Board
Address, City, State zip
(xxx) xxx-xxxx - Phone, (xxx) xxx-xxxx - Fax

INSTRUCTIONS: Mail the original copy to the N.W.P.B. with full remittance. Must be postmarked within 30 days after the month the watermelons were handled.

LIST BELOW NAME AND N.W.P.B. ACCOUNT NUMBER OF PRODUCER FROM WHOM YOU PURCHASED WATERMELONS AS WELL AS YOUR OWN PRODUCTION:

NAME OF PRODUCER	N.W.P.B. ACCOUNT NUMBER	CWT ** *(1)	PRODUCER'S ASSESSMENT *(2)	HANDLER'S ASSESSMENT *(3)	TOTAL ASSESSMENT *(4)
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**HUNDREDWEIGHT(CWT)	Grand Totals:				

INSTRUCTIONS FOR COMPLETING THE HANDLER'S REPORT ARE LOCATED ON SHEET 3 - DIRECTIONS


For N.W.P.B. Use Only.	<p>CERTIFICATION: I certify that the above information is true and correct to the best of my knowledge and the attached remittance represents all watermelons handled during this reporting period on which was required to pay the assessment.</p>	
Check #:		
Check Amount:		
Date Deposited:		
Batch #		
	Date	Signature and Title

_____ 1,000 pounds equals _____ 10.00 hundredweight

WAT-FHR (rev. 03/17) Destroy previous editions.

THIS FORM IS TO BE USED TO ADD NEW PRODUCERS AND THEIR INFORMATION

THIS SUPPLEMENTAL PAGE SHOULD ONLY BE USED WITH A COMPLETED HANDLER'S REPORT

Report Submitted By: N.W.P.B. Account No.: Month Covered By This Report: Date of Last Report (State if First or Last Report)	 <p>National Watermelon Promotion Board address, city, state zip (xxx) xxx-xxxx - Phone, (xxx) xxx-xxxx - Fax</p> <p><small>INSTRUCTIONS: Mail the original copy to the N.W.P.B. with full remittance. Must be postmarked within 30 days after the month the watermelons were handled.</small></p>
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LIST BELOW NAME AND N.W.P.B. ACCOUNT NUMBER OF PRODUCER FROM WHOM YOU PURCHASED WATERMELONS AS WELL AS YOUR OWN PRODUCTION:

FULL NAME, ADDRESS AND PHONE NUMBER OF PRODUCER	FARM ID OR SOC. SEC. NO.	CWT ** *(1)	PRODUCER'S ASSESSMENT *(2)	HANDLER'S ASSESSMENT *(3)	TOTAL ASSESSMENT *(4)
			\$ -	\$ -	\$ -
1		-	\$ -	\$ -	\$ -
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**HUNDREDWEIGHT(CWT) Grand Totals:		-	\$ -	\$ -	\$ -

The N.W.P.B. will assign account numbers to the producers listed above. This form is to be used only for new producers that are not currently on the handler's account list. Please provide the current address, phone number, and farm ID or social security number for each producer.

For N.W.P.B. Use Only. Check #. Check Amount: Date Deposited: Batch #	CERTIFICATION: I certify that the above information is true and correct to the best of my knowledge and the attached remittance represents all watermelons handled during this reporting period on which was required to pay the assessment. Date _____ Signature and Title _____
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Directions For NWPB Handler's Report



1. **REPORT SUBMITTED BY:** Put your company name.
2. **NWPB ACCOUNT NO.:** Put your handler number.
3. **MONTH COVERED BY THIS REPORT:** Put the month in which the watermelons were handled. (Please complete a separate report for each month in which watermelons were handled.)
4. **DATE OF LAST REPORT:** Put the month of the last report. Put "First" if this is the first report of the year. Put "Last" if this is the last report of the year.
5. **NAME OF PRODUCER:** Put the name of the producer. (If you have never reported this producer before, please use a supplemental handler's report form and include the address, phone number, and name of contact person if company name is listed.)
6. **NWPB ACCOUNT NUMBER:** Put the NWPB Account number for that producer. If you do not have the NWPB account number, you can call us to get it or leave the column blank.
7. **CWT:** Means hundredweight. To get the hundredweight, take the number of pounds bought from the producer and divide by 100.
8. **PRODUCER'S ASSESSMENT:** To get the producer's assessment, take the CWT and multiply by .03.
9. **HANDLER'S ASSESSMENT:** To get the handler's assessment, take the CWT and multiply by .03.
10. **TOTAL ASSESSMENT:** To get the total assessment, add the producer's assessment and the handler's assessment together.
11. Repeat steps 5 – 10 for any additional producers handled during that month.
12. **GRAND TOTALS:** Add all columns down to get the grand totals.
13. Sign and date the report.
14. Send the check for grand total of the Total Assessment column in the darkened box.
15. Reports must be received in our office by the 40th day after the month in which the watermelons are handled. (A calendar is included containing the due dates.) If received after the due date, interest and penalties will be billed out.

*If you have any questions, please call the Industry Affairs Department
toll-free at (877)599-9595*



According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and 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 45 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; 2) fax: (202) 690-7442; or 3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

