OMB NO. 0581-0093 EGG RESEARCH AND PROMOTION ORDER

Collecting Handler Registration Statement Required by Public Law 93-428, The Egg Research and Consumer Information Act (as Amended by Public Law 96-276).

RETURN TO:	FOR OFFICE USE ONLY
AMERICAN EGG BOARD STREET ADDRESS CITY, STATE ZIP	IDENTIFICATION NUMBER
PHONE: (XXX) XXX-XXXX	
BUSINESS NAME AND ADDRESS (City, State, and ZIP Code)	□ CORPORATION
	□ PARTNERSHIP
	□ OTHER:
	TELEPHONE NUMBER (Include Area Code)
NAME(S) OF INDIVUDUAL(S) RESPONSIBLE FOR FILING AND CE	ERTIFICATION OF REPORTS WITH AMERICAN EGG BOARD
NAME	TITLE
NAME (If corporation, please list name of president)	TITLE
TYPE OF REPORTING PERIOD (Please check one):	
$\square 1. CALENDAR MONTH ACCOUNTING PERIOD$	PORTANT: Date you first handled eggs
 2. FOUR-WEEK ACCOUNTING PERIOD (13 EQUA (Give starting date of four-week accounting period) 	
1. Four-weeks beginning 2. Four-weeks beginning 3. Five-weeks beginning 4. Four-weeks beginning 5. Four-weeks beginning 6. Five-weeks beginning	(Sunday) (Sunday) (Sunday) (Sunday)

TITLE

SIGNATURE

DATE

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 10 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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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.