**UNITED STATES DEPARTMENT OF AGRICULTURE**

AGRICULTURAL MARKETING SERVICE

**EGG RESEARCH AND PROMOTION ORDER**

REGISTRATION, BALLOT, AND CERTIFICATION

 FORM APPROVED. – OMB NO. 0581-0093

**INSTRUCTIONS:** Please complete all information and forward in the enclosed envelope to the Director, Research and Promotion Division; Livestock, Poultry, and Seed Division, AMS, USDA; Street; City, State Zip. Mark an “X” in appropriate blocks. Completed ballots must be postmarked not later than . Incomplete ballots or ballots received after will be invalid and will not be counted for any purpose in the referendum. The information you provide below regarding the number of laying hens, location, egg production figure, and how you voted shall be kept confidential.

**REGISTRATION**

NAME OF EGG PRODUCER (Print or type) STREET, RURAL ROUTE, OR R.F.D. NUMBER

(If corporation, partnership, estate, etc., list name of business entity. If individually owned, list last name first, first name, and middle initial of sole Proprietor.)

COUNTY OR PARISH

CITY OR TOWN, STATE, ZIP CODE

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | At any time during the period through did youown over laying hens, excluding hens primarily engaged in the production of hatching eggs?... | YES | NO |
| 2. | State average number of laying hens owned during the period through . List location of such laying hens on the reverse side of this form…… |  |  |
| 3. | State total number of 30-dozen cases of eggs produced by laying hens during the period through ....................................................... |  |  |

**NOTE:** *If you do not have a record of the number of cases of eggs produced, use the following computation which is based on the national average: Multiply average number of laying hens owned times a factor of 0.174.*

EXAMPLE; 300,000 laying hens x 0.174 = 52,200 cases

**BALLOT**

Do you favor

. YES NO

**CERTIFICATION STATEMENT**

*I hereby certify that I am an egg producer as defined in the order, that during the period through*

 *, I was an egg producer as defined in the order, and that the information contained in this Registration, Ballot, and Certification is true, complete, and correct to the best of my knowledge and belief and is made in good faith.*

NAME (*Print or type*) SIGNATURE\* DATE

*\*If the vote is cast on behalf of a corporation, estate, or any person other than an individual, my signature certifies that I have the authority to take such action. In such case, provide the following information:*

NAME OF CORPORATION, PARTNERSHIP, ESTATE, OR OTHER ENTITY YOUR TITLE

*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, and completing and reviewing the collection of information.*

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Location of the average number of laying hens entered in response to question 2 on first page of Registration, Ballot, and Certification. Total of the average number of laying hens at all locations must agree with this figure. If you need additional space, attach another page.

NAME OF FARM AND LOCATION AVERAGE NUMBER OF LAYING HENS

1.

NAME OF FARM

STREET, RURAL ROUTE, OR R.F.D. NUMBER

COUNTY OR PARISH

CITY OR TOWN, STATE, ZIP CODE

2.

NAME OF FARM

STREET, RURAL ROUTE, OR R.F.D. NUMBER

COUNTY OR PARISH

CITY OR TOWN, STATE, ZIP CODE

3.

NAME OF FARM

STREET, RURAL ROUTE, OR R.F.D. NUMBER

COUNTY OR PARISH

CITY OR TOWN, STATE, ZIP CODE

4.

NAME OF FARM

STREET, RURAL ROUTE, OR R.F.D. NUMBER

COUNTY OR PARISH

CITY OR TOWN, STATE, ZIP CODE

**TOTAL**

ATTACH ADDITIONAL SHEETS IF NECESSARY

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