APPROVED - OMB NO. 0581-0093

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| **U.S. Department of Agriculture**  **Agricultural Marketing Service**  **REGISTRATION FORM for the**  **Hass Avocado Promotion, Research, and**  **Information Order (7 CFR 1219)**  **REFERENDUM**  **Registration form must be received by the U.S. Department of Agriculture on Month XX, 20XX, by xx:xx p.m. Eastern Time.**  NOTE: Only one registration form for each eligible producer and importer. Incomplete forms may be INVALID and may not be allowed to vote in the referendum. | I. CERTIFICATION 🞏 I produced Hass avocados in the United States from MONTH X, 20XX, to   MONTH X, 20XX  🞏 I imported Hass avocados into the United States from MONTH X, 20XX, to   MONTH X, 20XX | | | |
| **II. SIGNATURE**  **ALL BALLOTS MUST BE SIGNED AND DATED BELOW IN ORDER TO BE COUNTED.**  I **CERTIFY** that I am the person authorized to vote in the referendum and that the information contained on this form is true, complete, and correct to the best of my knowledge and belief, and is made in good faith. If this registration form is on behalf of any group of individuals, partnership, corporation, or other business entity engaged in the production or importation of Hass avocados, I also **CERTIFY** that I have the authority to register and vote in referendum. | | | |
| **Signature:** |  | **Date:** |  |
| **Print Name:** |  | **Title:** |  |
| **Company Name:** |  | **Phone:** |  |
| **Tax ID # or Business ID#:** |  | **Importer ID #:** |  |
| **Address:** |  | **Email:** |  |
| **City/State/Zip Code:** |  | | |
| **IV. MAILING**  **Return Registration Form in the enclosed, postage-paid envelope.** | | | |

The making of any false statement or representation on this form, knowing it to be false, is a violation of Title 18, §1001 United States Code, which provides for the penalty of a fine of $10,000, imprisonment of not more than 5 years, or both.

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.

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