	OMB No. 0581-0093					
DESIGNATED HANDLER'S REPORT FOR WATERMELON RESEARCH AND PROMOTION ACT						
Report Submitted By:	National					
N.W.P.B. Account No.:	Watermelon Promotion Board					
Month Covered By This Report:	Address, City, State zip (xxx) xxx-xxxx - Phone, (xxx) xxx-xxxx - Fax					
Date of Last Report (State if First or Last Report)	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:						
	CWT					

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) *INSTRUCTIONS FOR COM	Grand Totals:		T ARE LOCATED	ON NEXT Page - D	IRECTIONS*
For N.W.P.B. Use Only. Check #. Check Amount: Date Deposited:		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.			
Batch #		Date	Signature and Title		

1,000 pounds equals

10.00 hundredweight

WAT-FHR (rev. 03/20) Destroy previous editions. Exp. Date XX/XX/XXXX