

**United States Department of Agriculture  
Agricultural Marketing Service**

**OFFICIAL REFERENDUM BALLOT**

**Honey Packers and Importers Research, Promotion,  
Consumer Education, and  
Industry Information Order**

**To be counted, completed ballots must be received by  
the U.S. Department of Agriculture by X:XX p.m.  
Eastern Time on XXX, 20XX.**

NOTE: Only one vote will be counted for each eligible  
handler and importer. Incomplete ballots will be  
INVALID and will not be counted in the referendum.

**I. CERTIFICATION**

- 1. I am currently a honey **FIRST HANDLER and/or IMPORTER**, during the period  
XXX, 20XX, to XXX, 20XX.
- 2. I handled and/or imported \_\_\_\_\_ pounds of honey or honey products  
between XXX, 20XX, and XXX, 20XX.

Preprinted totals for handlers include honey handled and reported by XXX. Totals for  
importers include honey imports reported by U.S. Customs. If corrections need to be  
made, please cross out and **legibly** write in the correct information. **Submit  
documentation to support these changes along with your ballot to USDA.**

**II. VOTE**

Instructions: Mark one box only.

**Do you favor continuance of [amendment to] the Honey Packers and  
Importers Research, Promotion, Consumer Education, and Industry  
Information Order?**

**YES  NO**

**III. SIGNATURE**

**ALL BALLOTS MUST BE SIGNED AND DATED BELOW IN ORDER TO BE  
COUNTED.**

I **CERTIFY** that I am the person authorized to cast this ballot and that the information contained  
on this ballot is true, complete, and correct to the best of my knowledge and belief, and is made in  
good faith. If this ballot is being cast on behalf of any group of individuals, partnership,  
corporation, or other business entity engaged in the handling or importation of honey or honey  
products, I also **CERTIFY** that I have the authority to cast this ballot.

X \_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
COMPANY NAME BUSINESS TELEPHONE NO.

**Return ballot 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, §001 United States Code, which provides for the penalty of a fine of \$10,000, imprisonment of not more than 5 years, or both.

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 from the applicable commodity legislation for research and promotion programs. Furnishing the requested information is necessary for the administration of this program. Submission of Tax Identification Number (TIN) or importer identification number is mandatory and will be used to determine affiliation or entity identity.

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 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.

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, audiotope, 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](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](mailto:program.intake@usda.gov).

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