

EGG RESEARCH AND PROMOTION ORDER

Collecting Handler Registration Statement

RETURN TO: AMERICAN EGG BOARD STREET ADDRESS CITY, STATE ZIP PHONE: (XXX) XXX-XXXX	FOR OFFICE USE ONLY <hr style="border-top: 1px dashed black;"/> IDENTIFICATION NUMBER
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BUSINESS NAME AND ADDRESS (<i>City, State, and ZIP Code</i>)	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER: _____ <hr style="border-top: 1px dashed black;"/> TELEPHONE NUMBER (<i>Include Area Code</i>)
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NAME(S) OF INDIVIDUAL(S) RESPONSIBLE FOR FILING AND CERTIFICATION OF REPORTS WITH AMERICAN EGG BOARD	
_____ NAME	_____ TITLE
_____ NAME (If corporation, please list name of president)	_____ TITLE

TYPE OF REPORTING PERIOD (*Please check one*):

IMPORTANT: *Date you first handled eggs* _____

1. CALENDAR MONTH ACCOUNTING PERIOD

2. FOUR-WEEK ACCOUNTING PERIOD (13 EQUAL FOUR-WEEK PERIODS PER YEAR)
 (Give starting date of four-week accounting period _____ (Sunday))

3. TWELVE ACCOUNTING PERIODS ANNUALLY ON FOUR-WEEK, FOUR-WEEK, FIVE-WEEK CYCLES.
 (Give starting dates of first six periods:)

1. *Four-weeks beginning* _____ (*Sunday*)
2. *Four-weeks beginning* _____ (*Sunday*)
3. *Five-weeks beginning* _____ (*Sunday*)
4. *Four-weeks beginning* _____ (*Sunday*)
5. *Four-weeks beginning* _____ (*Sunday*)
6. *Five-weeks beginning* _____ (*Sunday*)

SIGNATURE	TITLE	DATE
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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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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.