

FIRST HANDLER'S REPORT FOR HONEY PACKERS AND IMPORTERS RESEARCH, PROMOTION, CONSUMER EDUCATION, AND INDUSTRY INFORMATION ORDER

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.

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Tax ID# or SS#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Web-site: \_\_\_\_\_

PERIOD COVERED BY THIS REPORT: \_\_\_\_\_ DATE OF LAST REPORT: \_\_\_\_\_

FOR ADDITIONAL SPACE, YOU MAY ATTACH YOUR OWN SEPARATE SHEETS. For questions about completing this report call (xxx) xxx-xxxx

SECTION 1: This section represents all assessable honey or honey products.

1.) LIST POUNDS OF HONEY OR HONEY PRODUCTS OF YOUR OWN PRODUCTION HANDLED:

2.) LIST POUNDS OF HONEY OR HONEY PRODUCTS PURCHASED FROM PRODUCERS:

List the name and address of each producer along with the corresponding pounds purchased from each producer.

Table with 2 columns for producer information and pounds purchased. Includes 5 rows of blank lines for data entry.

TOTAL ALL POUNDS FROM 1 AND 2 ABOVE.

TOTAL AMOUNT OF ASSESSMENTS DUE: Assessment of \$0.0XX per pound is due with this report. \$0.0XX

SECTION 2: SKIP THIS SECTION IF all honey or honey products you have purchased, both domestic and imported, have already been reported and the assessment paid to the National Honey Board.

1.) LIST POUNDS OF HONEY OR HONEY PRODUCTS PURCHASED FROM OTHER FIRST HANDLERS, OR IMPORTERS:

List each handler's name and address along with the corresponding pounds. These are honey or honey products purchased on which the assessment has already been paid by the supplier.

Table with 2 columns for handler information and pounds. Includes 3 rows of blank lines for data entry.

2.) LIST POUNDS OF HONEY OR HONEY PRODUCTS YOU HAVE IMPORTED

(Assessments have already been paid)

CERTIFICATION: I certify that the above information is true and correct to the best of my knowledge and the attached payment represents \$0.0XX per pound on all honey or honey products listed in section 1 handled during this reporting period for which I am required to pay the assessments as the first handler. The assessments on the pounds reported in section 2 have been reported and remitted by others for my account. I will submit verification of the above upon request.

SIGNATURE

Print Name

DATE

TITLE

**Please Mail To: National Honey Board**  
**Street Address**  
**City, State, Zip Code**

This report is required by law [7 U.S.C. 7416, 7 CFR Part 1212.52 and 7 CFR Part 1212.70]. Failure to report can result in a fine of not less than \$1,200 or more than \$12,000 for each such violation. Each such violation shall be deemed a separate violation. The making of any false statement or representation on this form, knowing it to be false, is a violation of Title 18, Section 1001 United States Code, which provides for the penalty of a fine of \$10,000 or imprisonment of not more than five years, or both.

**NOTE:** 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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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, 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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