

National Honey Board
Street
City, State Zip
XXX-XXX-XXXX

OMB No. 0581-0093

GENERAL INFORMATION FORM

Your last name, first name

Your company name

Names of family members who are part of your business:

Company Tax ID# or Employer ID#:

Address (if different from the one we mailed to):

Description of your business: (producer, producer-packer, packer, importer, etc.)

Affiliated companies (describe relationships):

Thank you for completing this form. Please return it to the National Honey Board.

NOTE: 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 the form is the Honey Research, Promotion, and Consumer Information Act (7 U.S.C. 4601-4613). Furnishing the requested information is necessary for the administration of this program. Submission of the Tax Identification Number (TIN) or Employer Identification Number (EIN) 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/hours 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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HON-GIF (09/07)