



Date: _____

Handler Information Form

Company #1 (Handler): _____

Mailing Address: _____

Physical Address (if different from mailing):

Contact Person: _____

Phone Number: _____

Fax Number: _____

E-mail: _____

Please fill out this section if Assessments are paid by another entity:

Company #2 (Pays on behalf of Handler): _____

Mailing Address: _____

Phone Number: _____