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**ENGLISH**
**Cycle 63, SPRING 2008**
**OMB NO. 1205-0453**
**EXPIRATION DATE: XX/XX/XX**
**[REV.10/07/08]**

| | | | | | | 6 | 3 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| COUNTY | | | | | | FARM WORKER ID | | | | | |

[FOR OFFICE USE ONLY]

# *NATIONAL AGRICULTURAL WORKERS SURVEY - 2009 ("NAWS")*

**CS2 DATE:** ___ / ___ / ___

**CS5 CROP:** _____

**CS6 TASK:** _____

**LANGUAGE DURING INTERVIEW:** _____

[FOR OFFICE USE ONLY]
**CROP CODE** ___
**TASK CODE** ___

**GN:** _____ **ID:** _____

**GN REFERRED TO:**

- ☐ **"CONTRACTOR"?:**
- ☐ **OTHER GROWER?**
- ☐ **OTHER?:**_____

**IF GN REFERRED TO CONTRACTOR, GROWER OR OTHER, WRITE INFORMATION)**
**NAME :** _____
**ADDRESS:** _____
**TELEPHONE:** (_____)_____-_____

**WORKER IS ACTUALLY EMPLOYED BY?:** ☐ **1 GROWER** ☐ **2 CONTRACTOR**

**TYPE OF WORK?:** ☐**1 FIELD WORK** ☐**2 NURSERY** ☐**3 PACKING HOUSE** ☐**7 OTHER**:_____

**FARM WORKER'S NAME:** _____

**LOCAL ADDRESS:**

**TELEPHONE:**

**INTERVIEWER'S NAME:** _____ **CS9 INTERVIEWER'S ID:** ___

**CP5 TIME BEGAN:** ___ : ___ ☐ **AM** ☐ **PM** **CP6 TIME ENDED:** ___ : ___ ☐ **AM** ☐ **PM**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information, which is voluntary, is estimated to average 1 hour (or 60 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. Send comments regarding this burden estimate to the Office of Policy, Development and Evaluation, ETA, Department of Labor, Room N5641, 200 Constitution Avenue, N.W., Washington, D.C. 20210.