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This report is authorized by law 29 U.S.C 2. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate, and timely.

Public reporting burden for this collection of information is estimated to average 2 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and reviewing the collection of information. If you have any comments regarding this estimate or any other aspect of this information collection, including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Producer Price Index Program, 1220-0008, 2 Massachusetts Avenue, N.E., Wash., DC 20212. You are not required to respond to this collection unless it displays a currently valid OMB control number.

SU ID: **Sample:** **Sample NAIC:** **Strata:** **# Items:**

NAIC Title:

CERTAINTY UNIT MAJOR PRODUCER PREV CYCLE INFORMATION

INFORMATION FOR SAMPLE UNIT/REPORTING UNIT

NAME:

REC CTR:

Street:

City:

State:

Zip:

Shipments & Receipts: _____

S&R Reference Date: / /
 Mo. Yr.

Size Measure	Sampled	Collected

Industry S&R Range: NAIC : to RU S&R Ratio: _____

Shipments and Receipts Classified by NAIC

Product/Service	NAIC	S&R	%	Rank
Misc Receipts:	999999			

Collected NAIC:

ITEM INFORMATION

Disagg Same for All Items:

Item Num	Item Status	MHF	MH of	Rel WT	Disagg Code	Item Num	Item Status	MHF	MH of	Rel WT	Disagg Code	Item Num	Item Status	MHF	MH of	Rel WT	Disagg Code
01						07						13					
02						08						14					
03						09						15					
04						10						16					
05						11						17					
06						12						18					

Disagg Code: **C:** Certainty Selection **J:** Judgmental Selection **R:** Refusal to Reselect **P:** Product Category Selection w/at least 1 step Disagg
Q: Product Category Selection w/NO Disagg **D:** Default Disaggregation **T:** Truncation Refusal Prior to Disagg **U:** ISDWS Disagg to a Unique Prod

COMMENTS

**Bureau of Labor Statistics
Producer Price Indexes -
Additional Information/Questions and Procedures Form**

U.S. Department of Labor



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Form Approved
O.M.B. No. 1220-0008

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SU ID: 2033--D008

INFORMATION FOR SAMPLE UNIT

Cluster ID:

Source SU Type:

SU Status:

Date Collected:

Date Interview:

Combined SU ID:

AUTH OFFICIAL

Name:

Title:

Phone:

CONTACT OFFICIAL

Name:

Title:

Phone:

Date:

SU COMMENTS

PREVIOUS CYCLE INFORMATION

Previous SU ID: 20330742

Previous SU Status: 1

Sample Overlap Reporter Code: 20330197

Name :

Street:

City:

State:

Zip:

Collected SIC:

Collected NAIC:

Date Collected:

INDUSTRY SPECIFIC QUESTIONS/PROCEDURES

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POST STRATA :