



COMMERCIAL DRY BEAN SEED INQUIRY July 2011



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

California Field Office
P.O. Box 1258
Sacramento, CA 95812
Phone: 1-800-851-1127
Fax: 1-888-478-5637
Email: nass-ca@nass.usda.gov

Dear Reporter:

This request is to obtain information about the 2011 dry bean crop by variety based on the quantity of seed used and your estimated yields by variety. Please report the quantity of dry bean seed you distributed to growers from your warehouse. Exclude lima bean seed to be grown for freezer and fresh market beans. Information requested in this survey is used to prepare estimates of selected agricultural commodities. Under Title 7 of the U.S. Code 3 and CIPSEA (Public Law 107-347), facts about your operation are kept **confidential** and used only for statistical purposes in combination with similar reports from other producers. Response is **voluntary**. A postage-paid envelope is enclosed for your convenience or you may FAX the report to 1-888-478-5637. If you have any questions, please call Sharyn Lavender at 1-800-851-1127 Ext. 132

PLEASE MAIL OR FAX BY July 7, 2011. Fax Number:1-888-478-5637

Please make corrections to name, address and Zip Code, if necessary.

REPORT FOR THE WAREHOUSE YOU OPERATE

Variety ^{1/}	Quantity of Dry Bean Seed Distributed to Growers for the Dry Bean Crop	Estimated Seeding Rate Per Acre	Estimated Yield Per Acre of Dry Beans From Seed You Distributed
	<i>Cwt.</i>	<i>Pounds</i>	<i>Cwt.</i>
Large Lima			
Baby Lima			
Blackeye			
Small White			
Pink			
Light Red Kidney			
Dark Red Kidney			
Garbanzo Small (<i>small than 20/64 in.</i>)			
Garbanzo Large (<i>larger than 20/64 in.</i>)			
Flat White			
Small Red			
Cranberry			
Green Baby Lima (<i>for dry beans</i>)			
Other Varieties Specify: _____			
Other Varieties Specify: _____			

^{1/} Please exclude all seed distributed for garden seed or to be grown for freezer or fresh market beans.

SURVEY RESULTS: To receive the complete results of this survey on the release date, go to www.nass.usda.gov/results

Would you rather have a brief summary mailed to you at a later date? 1 Yes 3 No

099

9910
MM DD YY
Date ____ ____ ____

Respondent Name: _____ **Phone:** _____

Response		Respondent		Mode		Enum.	Eval.	Office Use for POID	
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	098	100	921	789
2-R		2-Sp		2-Tel					
3-Inac		3-Acct/Bkpr		3-Face-to-Face					
4-Office Hold		4-Partner		4-CAT1					
5-R – Est		9-Oth		5-Web					
6-Inac – Est				6-e-mail					
7-Off Hold – Est				7-Fax					
8-Known Zero				8-CAP1					
			19-Other					407	408
S/E Name									