

FLOUR MILLING PRODUCTS OPERATION PROFILE - JULY 2014

OMB No. 0535-0003
 Approval Expires: 5/31/2016
 Project Code: 681 QID: 001242
 SMetaKey: 3620 Version MQ311A



**United States
 Department of
 Agriculture**



**NATIONAL
 AGRICULTURAL
 STATISTICS
 SERVICE**

USDA/NASS

National Operations Division
 9700 Page Avenue, Suite 400
 St. Louis, MO 63132-1547
 Phone: 1-888-424-7828
 FAX: 1-855-415-3687
 Email: nass@nass.usda.gov

Please make corrections to name, address and ZIP Code, if necessary

The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept **confidential** and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee and agent has taken an oath and is subject to a jail term, a fine, or both if he or she willfully discloses ANY identifiable information about you or your operation. Response is **voluntary**.

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 number is 0535-0003 The time required to complete this information collection is estimated to average 8 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.

1. Will this firm to **mill** any **wheat** or **rye** in 2014?

- xxx 1 **Yes** – Go to Item 2
 3 **No** – Will this firm **mill** any **wheat** or **rye** in the future?
 xxx 1 **Yes** – Go to Item 7
 3 **No** – Go to item 7

OFFICE USE

xxx

2. Will this firm mill **wheat** or **rye** in more than one location in 2014?

- xxx 1 **Yes** – List information on each separate location below. Use additional pages if necessary.
 3 **No** – Go to Item 4

MILL NAME	PHYSICAL ADDRESS	CONTACT PERSON
-----------	------------------	----------------

3. Considering all locations reported in item 2, how would this firm prefer to report?

- xxx 1 Each location individually
 2 Headquarters reports all locations separately
 3 Other combination, Specify:

CWT

4. What is the total **maximum 24-hour milling capacity** for all locations that this firm will mill wheat or rye at in 2014?.....

xxx

(OVER)

5. Who will be the primary contact at this warehouse responsible for completing our monthly survey?

Name: _____
 Position: _____
 Telephone: _____
 Address: _____
 Fax: _____
 Email: _____

6. Who will be the alternate contact at this warehouse responsible for completing our monthly survey?

Name: _____
 Position: _____
 Telephone: _____
 Address: _____
 Fax: _____
 Email: _____

7. **COMMENTS:**

9912	9911	9910	MM	DD	YY
Respondent Name:	Phone:	Date:			

This completes the survey. **Thank you for your help.**

OFFICE USE ONLY

Response		Respondent		Mode		Enum.	Eval.	Change	Office Use for POID			
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	9998	9900	9985	9989			
2-R		2-Sp		2-Tel								
3-Inac		3-Acct/Bkpr		3-Face-to-Face								
4. R-Est		4-Partner		4-CATI								
6-Inac-Est		9-Oth		5-Web								
7-Off Hold-Est				6-E-mail								
8-Known Zero				7-Fax								
				8-CAPI								
		9-Other										
S/E Name												