

WALNUT PRICE INQUIRY

OMB No. 0535-0039
Approval Expires: 6/30/2013
Project Code: xxx QID: xxxxxx
SMetaKey: xxxx



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

U.S. Department of Agriculture
National Operations Division
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Please make corrections to name, address and ZIP Code, if necessary.

The information requested in this survey is needed to prepare a report on the size of this year's pecan crop. Under Title 7 of the U.S. Code 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**.

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 control number for this information collection is 0535-0039. The time required to complete this information collection is estimated to average 10 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.

PLEASE INCLUDE:

Bonus payments for quality, hauling allowances, cullage and off-grade payments, and assessments.

PLEASE EXCLUDE:

Commissions and wages paid for acquisition, as well as purchases from other handlers.

1/ Report the average price paid to growers for all nuts delivered to packinghouse or receiving station.

COMMENTS:

WALNUT PRICE - 2013 CROP		
Variety	Quantity Purchased In-Shell	Average Price Per Ton At Processing Plant Door <u>1</u> /
	Tons	\$/Ton
Chandler		
Franquette		
Hartley		
Howard		
Payne		
Serr		
Tulare		
Vina		
Other		
Total		

Survey Results: To receive the complete results of this survey on the release date go to <http://www.nass.usda.gov/results>

Would you rather have a brief summary mailed to you at a later date?
This completes the survey. **Thank you for your help.**

1 **Yes** ☐ 3 **No** ☐

099

Respondent Name: _____	9911 Phone: () _____	9910	MM	DD	YY
		Date: _____	_____	_____	_____

OFFICE USE ONLY

Response		Respondent		Mode		Enum.	Eval.	R. Unit	Change	Office Use for POID
1-Comp 2-R 3-Inac 4-Office Hold	9901	1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner	9902	1-Mail 2-Tel 3-Face-to-Face 4-CATI	9903	0098	0100	0921	0785	0789
										Optional/NOD Use

