


WET AND DRY MILL PRODUCERS OF ALCOHOL OPERATION PROFILE - JULY 2014


OMB No. 0535-0003
 Approval Expires: 5/31/2016
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 SMetaKey: 3622



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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 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.

1. Will this firm operate either a **dry** or **wet mill** to produce alcohol in 2014?

xxx 1 **Yes** – Go to Item 2

3 **No** – Will this firm operate either a **dry** or **wet mill** to produce alcohol in the future?

xxx 1 **Yes** – Go to Item 9

3 **No** – Go to Item 9

2. Which of the following types of mill will this firm operate to produce alcohol in the future? (Check all that apply)

xxx 1 Dry mill

xxx 3 Wet mill

3. Will this firm operate a **dry** or **wet mill** 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 5

OFFICE USE

xxx

FIRM NAME

PHYSICAL ADDRESS

CONTACT PERSON

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

xxx Each location individually

Headquarters reports all locations separately

Other combination, Specify:

Gallons

5. What is the **maximum annual production capacity** for total alcohol produced at all of the locations that this firm will produced alcohol at in 2014?.....

xxx





(OVER)



6. Does this firm store oils in a public or private warehouse at another location?

xxx₁ **Yes** ₃ **No**

7. Who will be the primary contact at this firm for completing our monthly survey?

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

8. Who will be the alternate contact at this firm for completing our monthly survey?

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

9. **COMMENTS:**

9912 Respondent Name:	9911 Phone:	9910 MM DD YY Date:
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OFFICE USE ONLY

Response		Resondent		Mode		Enum.	Eval.	Change	Office Use for POID			
1-Comp 2-R 3-Inac 4. R-Est 6-Inac-Est 7-Off Hold-Est	9901	1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner 9-Oth	9902	1-Mail 2-Tel 3-Face-to-Face 4-CATI 5-Web 6-E-mail 7-Fax 8-CAPI 9-Other	9903	9998	9900	9985	9989			
									R. Unit			
									9921			
									Optional Use			
									9907	9908	9906	9916
S/E Name												