

ALFALFA SEED GROWERS INQUIRY – 2018 CROP

OMB No. 0535-0002
 Approval Expires: 10/31/2018
 Project Code: 788



**NATIONAL
 AGRICULTURAL
 STATISTICS
 SERVICE**

USDA/NASS - Montana

Mountain Region
 P.O. Box 150969
 Lakewood, CO 80215-0969
 Phone: 1-303-236-2300
 Fax: 1-866-314-4029
 E-mail: NASSRFOMTR@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. Your responses will be kept confidential and any person who willfully discloses ANY identifiable information about you or your operation is subject to a jail term, a fine, or both. This survey is conducted in accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws. For more information on how we protect your information please visit: <https://www.nass.usda.gov/confidentiality>. 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 0535-0002. The time required to complete this information collection is estimated to average 15 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 return your report by mail or fax your report to 1-866-314-4029 by January 26, 2019.

1. Were alfalfa acres harvested for seed from this operation in 2018?

Yes – [Continue] No – [Please sign and return]

2. Do you use Leaf Cutter Bees for Alfalfa Seed Production? ⁵¹⁰²

¹ Yes – [Continue] ³ No - [Continue]

(i) Acres harvested?. Acres

(ii) Production of clean seed?. Pounds

(iii) Leaf Cutter Bees used for alfalfa seed production?.Gallons/Acre

	Irrigated	Non - Irrigated
0821	0823	0823
0822	5824	5824
0700	0701	0701

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

Response	9901	Respondent	9902	Mode	9903	Enum.	Eval.	Change	9985	Office Use for POID			
1-Comp		1-Op/Mgr		1-PASI (Mail)		9998	9900			9989			
2-R		2-Sp		2-PATI (Tel)						-----			
3-Inac		3-Acct/Bkpr		3-PAPI (Face-to-Face)						-----			
4-Office Hold		4-Partner		6-Email						-----			
5-R – Est		9-Oth		7-Fax						-----			
6-Inac – Est				19-Other						-----			
7-Off Hold – Est										9907	9908	9906	9916
8-Known Zero													
S/E Name													