



## 2020 Agricultural Resource Management Survey – (ARMS) Phase 2 Consent Form



**NATIONAL  
AGRICULTURAL  
STATISTICS  
SERVICE**

U.S. Department of Agriculture  
Room 5030, South Building  
1400 Independence Ave., S.W.  
Washington, DC 20250-2000  
Phone: 1-800-727-9540  
Fax: 1-202-690-2090  
Email: nass@nass.usda.gov

☐ Soybean Production Practices Report

<b>STATE</b>	<b>POID</b>
_____	_____

The National Agricultural Statistics Service (NASS) of the U.S. Department of Agriculture is conducting a survey of the Agricultural Resource Management Survey (ARMS) for the 2020 crop year. The survey will be conducted from October 2020 through December 2020.

By providing verbal consent, the Owner agrees to allow the caretaking company listed below to provide the necessary information for the completion of the ARMS for the selected operation to the National Agricultural Statistics Service. 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. Results of the survey, showing State and National level results for the selected commodities will be available at the end of July 2021. 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 0535-0218. The time required to complete this information collection is estimated to average 50 minutes for Soybeans questionnaires responses. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Operation Name:	_____
Owner Name:	_____
Owner Address:	_____
	_____
Owner Signature:	_____
Date:	_____

☐ Operator/Owner provided consent over the telephone.

Caretaking Company Name:	_____
Caretaking Company Address:	_____
	_____
Phone Number:	_____

NASDA Field Enumerator: \_\_\_\_\_