|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WET AND DRY MILL PRODUCERS OF ALCOHOL OPERATION PROFILE -** **2023** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | OMB No. 0535-0254  Approval Expires: xx/xx/20xx  Project Code: 185 QID: 001242  SMetaKey: 3622 | |
| **SURVEY_LOGO_1:USDA_logo_bw.gif** | **United States**  **Department of**  **Agriculture** |
|  |  | |  | | | | **http://nassnet/miso/PRIME_Center/Communication_Guidelines/Official_Logos/NASS%20Graphic/nass_logo_bw.gif** | **NATIONAL**  **AGRICULTURAL**  **STATISTICS**  **SERVICE** |
|  |  |  | |  |  |  | **USDA/NASS**  National Operations Division  9700 Page Avenue, Suite 400  St. Louis, MO 63132-1547  1-888-424-7828  FAX: 1-855-415-3687  Email: [nass@nass.usda.gov](mailto:nass-wy@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 and Statistical Efficiency Act of 2018, Title III of Pub. L. No. 115-435, codified in 44 U.S.C. Ch. 35 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 0535-0254 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 operate either a **dry** or **wet mill** to produce alcohol in 2023?  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)  xxx1  Dry mill  xxx3  Wet mill | | | | |
| 3. Will this firm operate a **dry** or **wet mill** in more than one location in 2023? | | | | **OFFICE USE** |
| xxx | | 1  **Yes** - List information on each separate location below. Use additional pages if necessary.  3  **No** - Go to Item 5 | | 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 produce alcohol at in 2023?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | xxx | |
| **(OVER)** | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |  |  |
| 6. Does this firm store alcohol or oils in a public or private warehouse at another location? . . . . | | | | | | | xxx | 1  **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 | 9911 | 9910 MM DD YY |
| Respondent Name: | Phone: | Date: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | |
| **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 | | | | | |  | | | | | | |