

# Northwest Region Fruit & Nut Profile

OMB No. 0535-0140  
Approval Expires: XX/XX/XXXX  
Project Code:  
SurveyId:



**USDA/NASS - Washington**  
Northwest Region  
PO Box 609  
Olympia, WA 98507-0609  
Phone: 1-800-435-5883  
FAX: 1-855-270-2721

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 0535-0140. 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 make corrections to the information on the label if necessary:

Operation Name \_\_\_\_\_  
Operator Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City State Zip Code \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Phone \_\_\_\_\_

1. NASS produces agricultural statistics on a wide range of topics including production, economics, demographics, and environment. If different from the primary contact listed on the label, please provide the appropriate contact for the following topic areas:

Acreage, Production, and Yield:

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(name)	(title)	(phone)	(email)
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Labor and wages:

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(name)	(title)	(phone)	(email)
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Economics (Income, Production Expenses):

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(name)	(title)	(phone)	(email)
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Environmental (Chemical Use, Irrigation):

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(name)	(title)	(phone)	(email)
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2. What is the preferred way to receive correspondence?

- Mail
- Phone
- E-Mail
- Personal Visit

3. What is the preferred way to report data?

- Mail
- Phone
- E-Mail
- Personal Visit
- Internet

4. Are you able and willing to provide electronic records from your own reports that would reduce your reporting burden?

- Yes- Continue to Item 4A
- No- Go to Item 5, Page 3

- A. If yes to item 4, what type of data would you be able to supply from your existing electronic data (check all that apply)?

- Acreage, Production, and Yield
- Labor and Wages
- Economics (Income, Production Expenses)
- Environmental (Chemical Use, Irrigation)
- Other (Specify \_\_\_\_\_)

5. Are you satisfied with the current reporting arrangement/method of contacts?

Yes, Continue to item 6    No, Please explain

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6. Do you want to receive emails from USDA/NASS summarizing important statistics and trends relevant to this State's agriculture?

Yes

No (These reports can also be accessed at [www.nass.usda.gov](http://www.nass.usda.gov))

7. Do you report multiple operations under one fruit and nut management business name?

Yes

No

8. If this operation manages fruit and nut acres that are not owned by the company, how long are the terms of these contracts?

a. During what time of the year are the contracts signed?

b. How often are they changed?

# List of Operations

Please provide the following information for the Fruit and Nut acres operated.

<This will be blank space to Insert a label>
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Orchard/Vineyard Name \_\_\_\_\_

Orchard/Vineyard Physical address \_\_\_\_\_

If this is a newly added orchard/vineyard provide information on acreage, including total land and all fruit & nut acreages.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is it possible the acreage on this operation can be reported by another entity? If the land is not owned by the fruit and nut management company, provide the land owner name and address.

Owner Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City State Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Office Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

9912 Completed by: _____	9911 Phone:(____)_____	9910    MM    DD    YY Date:    ____    ____    ____
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**This completes the survey. Thank you for your help.**