

ALFALFA SEED GROWERS INQUIRY – 2023 CROP

OMB No. 0535-0002
Approval Expires: XX/XX/20XX
Project Code: 788



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

USDA/NASS - Montana

Mountain Region
P.O. Box 150969
Lakewood, CO 80215-0969
Phone: 1-720-787-3150
Fax: 1-866-314-4029
E-mail: NASSRFORMTR@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 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 0535-0002. 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 xx, 2024.

1. Were alfalfa acres harvested for seed from this operation in 2023?

☐ 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) Yield per acre of clean seed?.....Pounds/Acre

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

3. How many of the harvested acres were grown under contract?.....Acres

Total Crop

XXXX
XXXX
XXXX
XXXX

Respondent Name: _____	9911 Phone: () _____	9910 MM DD YY Date _____
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Response	Respondent	Mode	Enum.	Eval.	Change	Office Use for POID			
1-Comp 2-R 3-Inac 4-Office Hold 5-R – Est 6-Inac – Est 7-Off Hold – Est 8-Known Zero	9901	1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner 9-Oth	9902	1-PASI (Mail) 2-PATI (Tel) 3-PAPI (Face-to-Face) 6-Email 7-Fax 19-Other	9903	9998	9900	9985	9989
Optional Use									
9907 9908 9906 9916									
S/E Name _____									