

ALMOND SUBJECTIVE - May 2023

OMB No. 0535-0039
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 SurveyID: 3954



**United States
 Department of
 Agriculture**



**NATIONAL
 AGRICULTURAL
 STATISTICS
 SERVICE**

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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 control number for this information collection is 0535-0039. The time required to complete this information collection is estimated to average 10 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.

ALMONDS

2022				2023			
Total Acreage	Bearing Acreage	Production	Unit (Choose one)	Total Acreage	Bearing Acreage	Expected Production	Unit (Choose one)
0150	0110	0120	<input type="checkbox"/> Lbs <input type="checkbox"/> Lbs/Acre <input type="checkbox"/> Tons <input type="checkbox"/> Tons/Acre	0160	0130	0140	<input type="checkbox"/> Lbs <input type="checkbox"/> Lbs/Acre <input type="checkbox"/> Tons <input type="checkbox"/> Tons/Acre

Comments related to the information you reported:

Survey Results: To receive the complete results of this survey on the release date, go to:
www.nass.usda.gov/results

To have a brief summary emailed to you, please enter your email address:

1095

Operation Email: (if different from above)

Operation Phone:

9937	9936	check if cell phone <input type="checkbox"/>
	() - _____	

Respondent Name:

Respondent Phone (if different from above)

9912	9911	check if cell phone <input type="checkbox"/>	9910	MM	DD	YY
	() - _____		Date: ____	__	__	__

This completes the survey. Thank you for your help.

OFFICE USE ONLY

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	9901	1-Op/Mgr 2-Spouse 3-Acct/Bkpr 4-Partner 9-Other	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												