



Criteria for Horticultural Specialties



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Example of a Specialty Criteria Survey

The National Agricultural Statistics Service is in the process of updating our list of agricultural operators. Your response on this survey will verify current agricultural operations and help identify duplication. Please complete all items that relate to your operation and return the questionnaire in the enclosed postage paid envelope. Your report is needed even if you are not involved in agriculture.

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 control 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 verify name and mailing address of this operation.
Make corrections (including operation name) on the label and continue.

SECTION 1

Exclude all items purchased by this operation for the purpose of resale without any additional growing on or value added to the plants purchased.

1. Please check all items produced by your operation in 202x.

xxxx <input type="checkbox"/> Cut flowers	xxxx <input type="checkbox"/> Sod, Sprigs, and Plugs
xxxx <input type="checkbox"/> Potted flowering plants for indoor or patio use	xxxx <input type="checkbox"/> Short rotation woody crops (trees with growth cycles of less than 10 years)
xxxx <input type="checkbox"/> Potted herbaceous perennials	xxxx <input type="checkbox"/> Aquatic plants
xxxx <input type="checkbox"/> Annual bedding/garden plants	xxxx <input type="checkbox"/> Vegetable seeds
xxxx <input type="checkbox"/> Foliage plants for indoor or patio use	xxxx <input type="checkbox"/> Flower seeds
xxxx <input type="checkbox"/> Foliage plants for indoor or patio use	xxxx <input type="checkbox"/> Dried bulbs, corms, rhizomes, and tubers
xxxx <input type="checkbox"/> Food crops grown under protection	xxxx <input type="checkbox"/> Propagative materials, bareroot and unfinished plants
xxxx <input type="checkbox"/> Cut Christmas trees	xxxx <input type="checkbox"/> Transplants for commercial vegetable and strawberry production.
xxxx <input type="checkbox"/> Nursery stock – ornamentals, shrubs, shade trees, live Christmas trees, fruit and nut trees, vines, palms, ornamental grasses. etc.	xxxx <input type="checkbox"/> Tobacco transplants
	xxxx <input type="checkbox"/> None – please return this form in the enclosed envelope.

2. Did (or will) this operation sell \$10,000 or more of these horticultural crops in 202x?

xxxx ¹☐ **YES** ³☐ **NO**

3. Was the operation (listed on the label) in business before January 1, 202x?

xxxx ¹☐ **YES** ³☐ **NO**

SECTION 2

ACRES OPERATED – Please report the total acres you operate including farmstead, all cropland, woodland, pastureland, and wasteland (exclude land rented or leased to others).

1. How many total acres does this operation:

Acres

111

112

113

a. Own?.....

b. Rent from others?.....

c. Rent to others?.....

2. Total Acres operated (exclude land rented or leased to others)
(Calculate items 1a +1b -1c).....

100

3. On the (Item 2) acres operated, how many are considered horticulture land, cropland,
and cropland in government programs(exclude land rented or leased to others)?.....

300

4. What was the largest number of workers on the payroll on any one day? Exclude workers
employed only for the retail operation, those working as landscapers, and non-paid
family members.....

NUMBER

885

5. Does this operation produce any organic products for sale?.....

CIRCLE

954 YES NO

6. What are the primary counties of production?

SECTION 3

VALUE OF SALES
Report the gross value of sales for the horticultural categories below. **Include** sales of items sold that were finished or produced. **Exclude** all items purchased for the sole purpose of reselling, that is no value was added to the plants.

Category	Description of Category	Gross Sales in 2022
Floriculture Crops	Include cut flowers, potted flowering, herbaceous perennials, annual bedding and garden plants, foliage plants, or foliage hanging baskets, cut cultivated greens, propagative floriculture material, and unfinished plants.	910 \$
Trees, Shrubs, Fruit and Nut Plants, Ornamental Grasses	Include coniferous evergreens, broadleaf evergreens, deciduous shrubs, deciduous shade trees, deciduous flowering trees, fruit and nut plants, palms, ornamental grasses, other woody ornamentals, or vines. Exclude sod.	915 \$
Propagative Nursery Material	Include root stock, lining-out stock, understock, seedlings, cuttings, tissue culture, whips, other propagative nursery material. Exclude material intended for reforestation.	912 \$
Transplants for Commercial Vegetable and Strawberry Production		913 \$
Christmas Trees	Include Christmas trees cut on your operation. Exclude Christmas trees cut elsewhere.	914 \$

SECTION 4 Only complete if this operation has been sold or turned over to someone else.
Phone _____

New Operator Information

Name _____

Address _____

City _____

Thank you for your response. Please return this form in the enclosed, postage-paid envelope