

COTTON IN PRIVATE STORAGE OPERATION PROFILE – JULY 2023

OMB No. 0535-0254
Approval Expires: xx/xx/20xx
Project Code: QID:
SMetaKey:



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 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 private warehouse **store** any bales of **cotton** in 2023?

2. Will this private warehouse **store** bales of **cotton** in more than one location in 2023?

Office Use

xxx 1 **Yes** – List information on each separate location below. Use additional pages if necessary.
 No – Go to Item 4

WAREHOUSE NAME

PHYSICAL ADDRESS

CONTACT PERSON

3. Considering all locations reported in Item 2, how would this firm prefer to report?

xxx

- 1 Each location individually
- 2 Headquarters reports all locations separately
- 3 Other combination. Specify:

CWT

4. What is the **maximum storage capacity** of all of the locations that this warehouse will store?

xxx

(OVER)

5. Who will be the primary contact at this warehouse responsible for completing our monthly survey?

Name: _____

Position: _____

Telephone: _____

Address: _____

Fax: _____

Email: _____

6. Who will be the alternate contact at this warehouse responsible for completing our monthly survey?

Name: _____

Position: _____

Telephone: _____

Address: _____

Fax: _____

Email: _____

7. COMMENTS:

9912	9911	9910 MM DD YY
Respondent Name: _____		Phone: (____) _____
		Date: _____

OFFICE USE ONLY

Response		Respondent		Mode		Enum.	Eval.	R. Unit	Change	Office Use for POID			
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	9998	9900	9921	9985	9989			
2-R		2-Sp		2-Tel						_____			
3-Inac		3-Acct/Bkpr		3-Face-to-Face						_____			
4-Office Hold		4-Partner		4-CATI						_____			
5-R – Est		9-Oth		5-Web						_____			
6-Inac – Est				6-e-mail						_____			
7-Off Hold – Est				7-Fax						_____			
8-Known Zero				8-CAPI						_____			
19-Other										_____			
S/E Name										_____			
Optional/NOC Use													
										9907	9908	9906	9916

This completes the survey. **Thank you for your help**