

DRIED FIG PROCESSOR INQUIRY

OMB No. 0535-0039
 Approval Expires: 6/30/2013
 Project Code: XXX QID: XXXXXX
 SMetaKey: XXXX



**NATIONAL
 AGRICULTURAL
 STATISTICS
 SERVICE**

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 NOC Division
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Please make corrections to name, address and ZIP Code, if necessary.

Information requested in this survey is used to prepare estimates of selected agricultural commodities. Under Title 7 of the U.S. Code and CIPSEA (Public Law 107-347), facts about your operation are kept **confidential** and used only for statistical purposes in combination with similar reports from other producers. 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.

Please provide your best estimate of your Dried Fig crop in the table below.

VARIETY	DRIED FRUIT PURCHASED	
	Total Quantity of Dried Fruit Purchased	Average Price Paid To Growers for Dried Fruit at the Processing Plant Door <u>1/</u>
	(Tons)	(\$/Ton)
Adriatic: <u>2/</u> Whole Ingredient Substandard		
Calimyrna: <u>3/</u> Whole Ingredient Substandard		
Mission: Whole Ingredient Substandard		
Kadota: Whole Ingredient Substandard		

1/ Report equivalent prices paid for all grades and sizes at the processing plant door, including normal hauling allowances, bonus payments, etc.

2/ Includes Adriatic, Conadria, DiRedo, and Tena.

3/ Includes Adam and Sierra (6-38W).

COMMENTS: _____

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

Would you rather have a brief summary mailed to you at a later date? Yes = 1 No = 3 099

Respondent Name:	9911 Phone:	9910 MM DD YY Date:
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OFFICE USE ONLY

Response	9901	Respondent	9902	Mode	9903	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		1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner 9-Oth		1-Mail 2-Tel 3-Face-to-Face 4-CATI 5-Web 6-E-mail 7-Fax 8-CAPI 19-Other		098	100	785	789				
							R. Unit		Optional Use				
							921		407	408	9906	9916	
S/E Name													