



20xx Agricultural Resource Management Survey (ARMS) Phase 2 Consent Form



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

- CROP 1** Production Practices and Costs Report
- CROP 2** Production Practices and Costs Report
- CROP 3** Production Practices and Costs Report
- CROP 4** Production Practices Report

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STATE	POID
_____	_____

The National Agricultural Statistics Service (NASS) of the U.S. Department of Agriculture is conducting a survey of the Agricultural Resource Management Survey (ARMS) for the 20xx crop year. The survey will be conducted from October 20xx through December 20xx.

By signing this Consent Form, the Owner agrees to allow the caretaking company listed below to provide the necessary information for the completion of the ARMS for the selected operation to the National Agricultural Statistics Service. 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, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee and agent has taken an oath and is subject to a jail term, a fine, or both if he or she willfully discloses ANY identifiable information about you or your operation. Response is voluntary. Results of the survey, showing State and National level results for the selected commodities will be available at the end of July 20xx+1. 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 0535-0218. The time required to complete this information collection is estimated to average 65 minutes for **PPCR**; and 35 minutes for **PPR** per response. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Operation Name:	_____
Owner Name:	_____
Owner Address:	_____
Owner Signature:	_____
Date:	_____

Operator/Owner provided consent over the telephone.

Caretaking Company Name:	_____
Caretaking Company Address:	_____
Phone Number:	_____

NASDA Field Enumerator: _____