



2024 Agricultural Resource Management Survey (ARMS) Phase 2 Consent Form



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

U.S Department of Agriculture
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- Wheat Production Practices Report
- Sorghum Production Practices Report

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 2024 crop year. The survey will be conducted from October 2024 through December 2024.

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 provisions of Title V, Subtitle A, Public Law 107-347 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 2025. 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 35 minutes for Wheat and Sorghum 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: _____