

# 2024 CONSERVATION EFFECTS ASSESSMENT PROJECT CHEMICAL & PESTICIDE APPLICATIONS CONSENT FORM

OMB No.  
Approval Expires: 1/1/0001  
Project Code: 912  
Survey ID: 9116  
Version 1



**United States  
Department of  
Agriculture**



**NATIONAL  
AGRICULTURAL  
STATISTICS  
SERVICE**

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|                    |                   |  |
|--------------------|-------------------|--|
| STATE<br><br>_____ | POID<br><br>_____ |  |
|--------------------|-------------------|--|

The National Agricultural Statistics Service (NASS) of the U.S. Department of Agriculture, is conducting a survey of the Conservation Effects Assessment Project for the 2022 - 2024 crop years. The survey will be conducted from October 2024 through February 2025.

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 Conservation Effect Assessment Project for the selected point 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. 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 0535-0245. The time required to complete this information collection is estimated to average 74 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.

|                       |                |
|-----------------------|----------------|
| Operation Name:.....  | _____          |
| Owner Name:.....      | _____          |
| Owner Address:.....   | _____<br>_____ |
| Owner Signature:..... | _____          |
| Date:.....            | _____          |

|                                |                |
|--------------------------------|----------------|
| Caretaking<br>Company Name:    | _____          |
| Caretaking<br>Company Address: | _____<br>_____ |
| Phone Number:.....             | _____          |

|                               |
|-------------------------------|
| NASDA Field Enumerator: _____ |
|-------------------------------|