| This form | is | available | electronic | ally. |
|-----------|----|-----------|------------|-------|
|-----------|----|-----------|------------|-------|

Form Approved - OMB No. 0551-0040

FSA-229

U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

(12-14-05)

APPLICATION FOR TRADE ADJUSTMENT **ASSISTANCE (TAA)**

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following NOTE: information is 7 USC 7333 and 7 CFR Part 1580. The information will be used to determine program eligibility. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in denial of program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

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 QMB control number. The valid OMB control number for this information collection is 0551-0040. The time required to complete this information collection is estimated to average 5 minutes per response,

| COMPLETED FORM | O YOUR COUNTY FSA OFFICE. | isung data sources, gatriening a | nd maintaining the data needed, and comp | eting and reviewing tr | e collection | of infon | mation. RETURN TH | | |
|---|--|--|--|---|--|--|--|--|--|
| PART A - APPLICATION | ON . | | | | | | | | |
| 1A. Name and Address of | Producer (Include Zip Co | de) 1C. | Producer ID or Tax ID Number | 1D. E-mail | 1D. E-mail Address | | | | |
| 1B. Telephone No. (Include Area Code) Optionat: | | 1E. | 1E. Crop Year 1G. Production | | 1F. Commodity (State) | | | | |
| | | 1G. | | | 1H. Unit of Measure (lbs., tons, cwt., etc.) | | | | |
| PART B - PRODUCER | CERTIFICATION | | | | | | | | |
| verify the production q Extension Service; (3) before application deal will be conducting spot agency or organization maximum payment can \$65,000 for any crop y payment and that I may punishable by a fine of or skipper I am only en | uantity entered in Item provide verifiable docu dlines. Failure to timel checks for this program maintaining records on exceed \$10,000 perear; (3) I must retain report to furnish not more than \$10,000 titled to my share of the | 1G; (2) provide documentation of the net ly file required document and I authorize Fi or other substantiative fiscal year and my the ecords supporting my such records on a column of the or imprisonment for evessel's total produ | payments can be made I must umentation to support that I is farm or fishing income; (4) s mentation will result in denia SA access to records held by ag evidence for which I am co total TAA payments and count of application for two years a ponfidential basis to FSA; (4) ont more than I year, or bo oction. All information provi | have received a submit all requivelent of payment. I of payment. I of payment of the control of | echnica ired doc I unders cessors, ction as yments my fina cing a fa d that ij ubject t | l assetument etc. c applicann l tradulse c f I an o ver | istance from the ntation on or that: (1) FSA or any other licable; (2) my ot exceed le adjustment ertification is na ship captain ification by the | | |
| notice in writing to FSA 2A. Producer's Signature | | | ve any cash payment approve | | oplication te (MM-E | | | | |
| | | _ | | | | | | | |
| PART C - FOR FSA OF | FAS USE ONLY | | | | | | | | |
| 3. Application No. | 4. State Code | 5. County Code | 6A. Name and Addres | · | Office (| Incluc | de Zip Code) | | |
| | | , , , , , , , , , , , , , , , , , , , | 6B. Telephone No. (In | ciude Area Code): | | | DATE | | |
| | | | | | YES N | 10 [| OCUMENTATION RECEIVED | | |
| 7A. Has applicant submitte | | | | | | | | | |
| 7B. Has the producer pro- production in Items 10 | | tion of production of the | e commodity identified in Item 1F | and the | | | | | |
| 7C. Has the producer prov petition's pre-adjustme | | ation verifying that the | net farm or net fishing income de | clined from the | | | | | |
| | | ssistance from the Exte | nsion Service (CSREES) has be | en received? | | | | | |
| BA. Signature of COC or De | | | 8B. Date (MM-DD-YYYY) | 9. Applicati | | | | | |
| | | | 1 | App | oved | [| Disapproved | | |

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

PART D - SHARE OF COMMODITY PRODUCTION PROVIDED TO EMPLOYEES BY CASH PAYMENT The undersigned employer certifies that the individuals identified in Items 12 and 13 received payment on the basis of the production share entered in either Item 14A or 14B for the commodity identified in Item 11A. The undersigned additionally certifies that employees who were compensated by daily, weekly, or seasonal cash wages are not included on this list. 10. Employer Name and Address (Include Zip Code) 11A. Commodity: 11B. Crop Year: 11C. State where Marketed: 12. Employee/Crew Member Name 13. Employee SSN or 14. Production (Enter total pounds of production that ID Number was basis of employee payment.) Pounds (See Remarks) 15. Company Name (Boat Name) 16. Other Company Identifier (Boat Permit Number) 17A. Signature of Employer (Ship Captain) 17B. Date (MM-DD-YYYY) 18. Remarks. If pounds are reported, specify for salmon if 1) gutted, heads on; 2) gutted head off; or 3) fillet. For shrimp, specify if weight is head on or head off. Catfish weights are assumed whole fish weight.