

## Instructions for CCC-577

### **TRANSFER OF NAP COVERAGE**

**Producers use this form to request a transfer of NAP coverage when a change of share or sale of covered crop acreage occurs during the coverage period.**

**Submit the original of the completed form in hard copy or facsimile to the appropriate FSA servicing office.**

***Producers must complete Items 1 through 17B.***

#### ***Items 1-17***

<b>Fld Name/ Item No.</b>	<b>Instructions</b>
1 Transferor's Name and Address	Enter first (name or initial, as applicable) and last name and address.  <b>Note:</b> Address is not necessary unless it has changed recently and the new address is being reported. If reporting a new address, enter "NEW" and the new address.
2 Taxpayer ID No. or SSN	Enter the last four numbers of taxpayer identification or social Security Number.
3 Crop	Enter the name of the crop with NAP coverage that is associated with the transfer of land or change of share.  <b>Note:</b> A separate CCC-577 must be completed for each crop with NAP coverage associated with the transfer of land or change of share.
4 Pay Crop	Enter the pay crop. If pay crop is not known, leave the space blank.
5 Pay Type	Enter the pay type. If pay type is not known, leave the space blank.
6 Planting Period	Enter the planting period number. If planting period number is not known, enter the date planting of the crop was completed.
7 Crop Year	Enter the crop year of the crop. If you do not know the crop year of the crop, enter the calendar year the crop acreage would normally be harvested.
8 Unit Number	Enter the NAP unit number. If NAP unit number is not known, leave the space blank.
9 Farm Location	Enter a description of the location of the crop acreage.  <b>Example:</b> FSA farm and tract number; legal description; map

Fld Name/ Item No.	Instructions
	coordinates; common farm name; etc.
10 Transferee Name and Address	Enter first (name or initial, as applicable) and last name and address of the producer(s) receiving the right to the NAP payment.
11 Social Security Number	Enter the last four numbers of the Social security or taxpayer identification number of the producer(s) identified in Item 10.
12 Farm Number	Enter farm number associated with the producer(s) identified in Item 10.
13 Share Transferred	Enter share transferred to the producer(s) identified in Item 10.
14 Effective Date of Transfer	Enter effective date of the transfer.
15 Nature of Transfer	Enter the nature of the transfer.  Example: Sale of land, change of share.
16A&B Transferor's Signature	If mailing or Faxing CCC-577: <ul style="list-style-type: none"> <li>• print CCC-577</li> <li>• read PART B - Terms and Conditions</li> <li>• manually enter Item 17A, the transferor's signatures</li> <li>• enter date signed in Item 17B.</li> </ul> <p><b>Note:</b> CCC-577 cannot be electronically transmitted because CCC-577 requires the signatures of two or more producers.</p>
17A&B Transferee's Signature	If mailing or Faxing CCC-577: <ul style="list-style-type: none"> <li>• print CCC-577</li> <li>• read PART B - Terms and Conditions</li> <li>• manually enter 17A, the transferee's signatures</li> <li>• enter in 17B date signed.</li> </ul> <p><b>Note:</b> CCC-577 cannot be electronically transmitted because CCC-577 requires the signatures of two or more producers.</p>

**Items 18A - 22 is for CCC use only.**