

(RECORD 5 OUTPUT FORMAT for PHONE)

Format/Edits

| Field No. | Field Name | Begin Pos | Size | Picture | Field Edits |
|-----------|------------------------------|-----------|------|---------|-----------------------|
| 1 | Incoming Filename | 1 | 20 | X(20) | |
| 2 | Request Record Type | 21 | 2 | 9(02) | Required. Must be 05. |
| 3 | Reinsurance Year | 23 | 4 | 9(04) | |
| 4 | Approved Insurance Provider | 27 | 2 | X(02) | |
| 5 | Location State | 29 | 2 | 9(02) | |
| 6 | Policy Issuing Company | 31 | 3 | 9(03) | |
| 7 | Policy Number | 34 | 7 | 9(07) | |
| 8 | Crop Year | 41 | 4 | 9(04) | |
| 9 | Crop Code | 45 | 4 | 9(04) | |
| 10 | Insurance Plan Code | 49 | 2 | 9(02) | |
| 11 | Location County | 51 | 3 | 9(03) | |
| 12 | Record Type | 54 | 4 | X(04) | Must be PHON. |
| 13 | Primary or SBI Indicator | 58 | 3 | X(03) | |
| 14 | Phone Record Number | 61 | 3 | 9(03) | |
| 15 | Phone Number | 64 | 15 | X(15) | |
| 16 | Phone Extension | 79 | 6 | 9(06) | |
| 17 | Phone Primary | 85 | 1 | X(01) | |
| 18 | Phone Type Code | 86 | 2 | X(02) | |
| 19 | Phone Type Name | 88 | 15 | X(15) | |
| 20 | Phone Unlisted | 103 | 1 | X(01) | |
| 21 | FSA Producer Info As of Date | 104 | 10 | X(10) | |