

CCC-577  
(06-08-05)

U.S. DEPARTMENT OF AGRICULTURE  
Commodity Credit Corporation

See Page 2 for Privacy Act and  
Public Burden Statements.

**TRANSFER OF NAP COVERAGE**

**PART A - NOTICE OF TRANSFER**

1. Transferor's Name and Address (Include Zip Code)		3. Crop	4. Pay Crop	5. Pay Type	6. Planting Period	7. Crop Year	8. Unit Number
2. Taxpayer ID No. or SSN (Last 4 Digits of SSN):							
9. Farm Location							
10. Transferee Name and Address (Include Zip Code)		11. Taxpayer ID No. or SSN (Last 4 Digits of SSN)		12. Farm Number		13. Share Transferred	
						%	
						%	
						%	
						%	
14. Effective Date of Transfer (MM-DD-YYYY)		15. Nature of Transfer					

**PART B - TERMS AND CONDITIONS**

A. Acceptance by CCC of the above-described transfer shall transfer the producer's NAP coverage to the above-named transferee subject to:

1. Receipt by CCC of satisfactory evidence that said transfer occurred before the end of the coverage period; i.e., the earlier (a) the date harvest was completed on the unit, (b) the calendar date for the end of the coverage period, or (c) the date the entire crop on the unit was destroyed, as determined by CCC.
2. The terms of the above-identified NAP application for coverage, including any outstanding assignment of payment made by the transferor prior to the date of transfer.
3. All other terms and provisions set forth herein.

B. CCC shall not be liable for more risk than existed before the transfer occurred.

C. The NAP application for coverage of the transferor covers the share hereby transferred only to the end of the coverage period.

16A. Transferor's Signature		16B. Date (MM-DD-YYYY)					
17A. Transferee's Signature	17B. Date (MM-DD-YYYY)	17A. Transferee's Signature	17B. Date (MM-DD-YYYY)	17A. Transferee's Signature	17B. Date (MM-DD-YYYY)	17A. Transferee's Signature	17B. Date (MM-DD-YYYY)

**PART C - APPROVAL OF CCC**

18A. Name and Address of County FSA Office (Include Zip Code)		19. State and County Code	20. Approval Status <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
18B. Telephone Number (Include Area Code):		21. Signature of CCC Representative		22. Date (MM-DD-YYYY)

### **COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)**

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 information is Pub. L. 93-86. The information will be used to document legal transfer of interest from one producer to another. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in agency's inability to transfer crop interests. 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.

### **PAPERWORK REDUCTION ACT**

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 0560-0175. The time required to complete this information collection is estimated to average 10 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. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

### **NONDISCRIMINATION STATEMENT**

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