

**G Instructions for Completing CCC-471**

Items 1 through 11 and Item 13 of the CCC-471 are completed by the FSA County Office. The producer is asked information to complete Item 1 (crop year), Item 5 (taxpayer identification number), Item 7 (limited resource producer election), Item 8 (crop and type), Item 9 (intended use), Item 10 (planting period), Item 11 (required service fee received), and Item 13 (CCC Representative’s signature and date). The producer reviews the information, and completes Item 12 (signature and date).

Item	Field Name	Instructions
1	Crop Year	Enter crop year
2	County FSA Office Name, Address and Telephone Number	Enter county FSA office name, address ( <i>including Zip Code</i> ) and telephone number ( <i>including Area Code</i> ).
3	Name, Address and Telephone Number of Producer	Print or type producer’s name, address ( <i>including Zip Code</i> ) and telephone number ( <i>including Area Code</i> ).
4A	State	Enter the State name where farm records are located for FSA administrative purposes.
4B	County	Enter the county name where farm is located.
5	Taxpayer ID Number	Enter the last 4 digits of the producer’s Taxpayer Identification or Social Security Number.
6	Schedule of Deposit Number According to 3-FI	Enter schedule of deposit number according to 3-FI.
7	Are You a Limited Resource Producer According to 7 CFR Part 1437	Check “Yes” if a limited resource producer. Check “NO” if not a limited resource producer.  Limited resource producers do not pay the service fee.
8	Crop/Type	Enter name of crop and crop type.
9	Intended Use	Enter intended use of the crop/type.
10	Planting Period	Enter planting period of the crop.
11	Required Service Fee Received	Enter the total required service fee received.  The service fee is non-refundable and due at the time producer files application for coverage. If the producer qualifies as a limited resource producer according to Item 7, then the service fee is waived.
12	Producer’s Signature and Date	Producer shall sign and date ( <i>MM-DD-YYYY</i> ) upon payment of service fee, if applicable.
13	CCC Representative’s Signature and Date	CCC Representative shall only sign and date ( <i>MM-DD-YYYY</i> ) acknowledging receipt of the application for coverage if the application is timely filed and payment of the service fee, if applicable, has been received.

