

Instructions For CCC-895

ASPARAGUS REVENUE MARKET LOSS ASSISTANCE PAYMENT (ALAP) PROGRAM APPLICATION

Producers use this form to apply for payments under the ALAP Program for market losses resulting from asparagus imports during the 2004 through 2007 crop years.

Submit the original of the completed form in person, by mail, fax, or e-mail attachment to the producer's appropriate FSA Servicing Office.

Applicant must complete Items 4 through 13.

Items 1 through 3 are for FSA use only.

Fld Name / Item No.	Instruction
4 Name and Address of Asparagus Farm Operation...	Enter name and address of Asparagus Farm Operation, where the 2003 crop was produced. (Include Zip Code).
5 Name and Address of Asparagus Farm...	Enter name and address of Asparagus Farm Operation, where the 2007 crop was produced, if different from Item 5. (Include Zip Code).
6A Contact Producer's Name and Address	Enter contact producer's name and address, if different from Items 4 and 5. (Include Zip Code).
6B Contact Producer's Telephone Number	Enter contact producer's telephone number. (Include Area Code).

Part B – Participant Certification and Signature(s)

Fld Name / Item No.	Instruction
7 Producer's Signature (By)	After reading the participation certification, enter your signature. The form must be signed regardless of whether it is submitted by mail, fax, e-mail attachment, or delivered in person.
8 Title/ Relationship of Individual...	Enter Title/Relationship of Individual Signing in the Representative Capacity.
9 Date signed	Enter the date the producer signed the CCC-895. Enter as (MM-DD-YYYY).
10 2003 Fresh Crop Share (lbs)	Enter the quantity in pounds of the producers share of fresh-market asparagus produced during the 2003 crop year.
11 2003 Processed Market Share (lbs)	Enter the quantity in pounds of the producers share of processed-market asparagus produced during the 2003 crop year.
12 Producer of both 2003 & 2007 Crop	Check "YES" or "NO", as applicable, to indicate whether the applicant produced both 2003 and 2007 crop asparagus.
13 Refused Payment	Check "YES" or "NO" to indicate whether the producer refuses any authorized payment.

Items 14 through 18 are for FSA use only.