

This form is available electronically.

<b>FSA-85-1</b> (03-26-03)	<b>U.S. Department of Agriculture</b> Farm Service Agency	1. OMB No.		2. Title of Clearance Asparagus RevenueMarket Loss Assistance Payment Program
<b>Reporting and Recordkeeping Requirements</b>				

3. Description (Title of Form, Report or Record)	4. Report	5. Record	6. Form No.	7. Regulation Part/Sec.	Annual Burden on the Public (Col. 8 x 9=10 and Col. 10 x 11=12)					
					8. No. of Respondents	9. No. of Reports Filed Per Person	10. Total Annual Responses	11. Average Time to Respond	12. Total Burden Hours	
									Exempt	Non-Exempt
Application for Asparagus Market Loss Payment	x		CCC-895	7 CFR	2800	1	2800	20 min		933
Direct Deposit Sign-up Form (OMB No. 1510-0007)		x	SF-1199A	7 CFR	700	1	700	10 min		117
Travel time to FSA Office						1	2800	60		2800
<b>TOTALS ≡</b>							3500			3850

