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<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
Reporting and Recordkeeping Requirements				

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

