This form is availa	able elec	tronica	ılly.											<u>/ed - OMB No. 0560</u>)-017 <u>5</u>
CCC-452 Manual U.S. (07-14-08)				S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation									'ear	2. Unit No.	
	NA	P AC					HISTO ECOR		ND						
See Page 2 for Pri	vacy Act	and Pu	ıblic Burd	len Stat	ements.										
PART A - GENE	RAL IN	FORM	ATION												
3A. Producer(s) Na	ame								3B. Tele		lo. (Inclu	de Area		tification Number t 4 Digits)	
(1)															
(2)															
(3)															
(4)															
(5)															
4. Spotcheck Requ	uired? NO	5A. (County F	SA Offi	ce Name				•		5B. S	State and	County C	odes	
PART B- UNIT A	ND CR				1										
6. Crop Name		7. C	7. Crop Type		8. Planti	ng Period	("I" for Irr	SA Practi gated or onirrigated	nded Use 11. Unit of M		Jnit of Me	asure	12. Do Yield Limit Rules Apply? YES N		
13. County Expected Yield/T-Yield									de (COC Use Only)				14C. Date of COC		
		144.	14A. Adjusted Yield			4B. Reason Code: (Check one) 1. Inconsistent farming/manager 2. Age of stand/trees 3. Multiple County T-Yield variat				:		4. Topography 5. Soil Type 6. Elevation		Minutes	,
PART C - ACTU	AL PRO	DUCT	ION HIS	STOR	′		,								
15.	16. Eligi Disa	ble ster?		17.			18.		19.		COC USE O			ONLY	
APH Crop Year YES				Acres Planted		Actual Production		tion	Record Typ		2	20. Yield		21. Yield Type <u>2</u> /	
PART D - APPRO	OVED Y	IELD ((COC U	SE ON	ILY)										
22. Total Yield (Item 20)		o. of AF rop Yea	ı-	24. Calc Yield			5. Prior Crop Year Approved Yield		26. Cup Percentage				28. If Item 12 is:		
-/		tem 15)		Tiold		, , , , , , , , , , , ,							S, enter the higher of Item 24 or Item 27		m 27
divided by			=	= X					=	=		B. NO,	enter amou	int from Item 24	
1/RECORD TY						2/	(IELD TYP	PES:		•			of previous	s year approved yield	

- Production sold/commercial storage
 On farm storage, measurement
 Livestock feeding records
 Appraisal
 Other Identify in Item 29, Remarks

- A Actual yield
 B Bypass Year
 C Added practice/type/variety
 E 80% of T-yield
 I 100% of T-yield for new producer of crop
 N 90% of T-yield
 O Zero credited yield

- Q COC special reques
 R Replacement yield
 S 65% of the T-yield
 T 100% of the T-yield
 U Substitute yield
 Z Zero acres planted

PART E - REMARKS AND ACTUAL INFORMATION		
29. REMARKS:		
NOTE: The following statement is made in accordance with the Privacy Act of 19 the following information is the Agricultural Act of 1996, as amended, the and the Internal Revenue Code (26 USC 6109). The requested informat Disaster Assistance Program and to assist in determining eligibility. Furr rejection of the request. This information may be provided to other agent to a court magistrate or administrative tribunal. The provisions of crimina 3729, may be applicable to the information provided.	Commodity Credit Corporation Charter A ion is necessary for CCC to consider and ishing the requested information is volun cies, IRS, Department of Justice, or other	Act, the regulations promulgated thereunder (7 CFR Part 1437), I process a request for assistance under the Noninsured Crop stary; however, failure to furnish correct information will result in r State and Federal law enforcement agencies, and in response
According to the Paperwork Reduction Act of 1995, an agency may not of displays a valid OMB control number. The valid OMB control number for estimated to average 5 minutes per response, including the time for review completing and reviewing the collection of information. RETURN THIS C	this information collection is 0560-0175. wing instructions, searching existing data	The time required to complete this information collection is a sources, gathering and maintaining the data needed, and
PART F- PRODUCER'S CERTIFICATION		
	complete and accurate record of	tual record of actual production history. The cot1
I hereby certify that the information included on this form includes a production history is accurately identified to the unit, crop and crop y		
failure to certify accurately may result in a loss of program benefits.		
otherwise stores or purchases crop production identified on this form representatives of the purpose of verification of production. I underst		
increases or plant density changes.		
30A. Signature of Producer		30B. Date (MM-DD-YYYY)
31A. Signature of COC Representative	31B. Date (MM-DD-YYYY) 31C. C	County FSA Office Name and Address
	T-10-1-1	one No. //nelude Area Code!
	Į i elepno	ne No. (Include Area Code):

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