

PART E - REMARKS AND ACTUAL INFORMATION

29. REMARKS:

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Agricultural Act of 1996, as amended, the Commodity Credit Corporation Charter Act, the regulations promulgated thereunder (7 CFR Part 1437), and the Internal Revenue Code (26 USC 6109). The requested information is necessary for CCC to consider and process a request for assistance under the Noninsured Crop Disaster Assistance Program and to assist in determining eligibility. Furnishing the requested information is voluntary; however, failure to furnish correct information will result in rejection of the request. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0175. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

PART F- PRODUCER'S CERTIFICATION

I hereby certify that the information included on this form includes a complete and accurate record of actual record of actual production history. The actual production history is accurately identified to the unit, crop and crop years shown. I understand that the information on this form may be spot checked and failure to certify accurately may result in a loss of program benefits. Additionally, I direct the purchaser, warehouse operator, ginner, or any person who otherwise stores or purchases crop production identified on this form to disclose those storage or purchase records of the identified crop to USDA representatives of the purpose of verification of production. I understand that the payment yield may be different than the approved yield if the unit acreage 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. County FSA Office Name and Address
		Telephone No. (Include Area Code):

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