

CCC-452 Manual (07-14-08)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. Crop Year	2. Unit No.
<h2 style="margin: 0;">NAP ACTUAL PRODUCTION HISTORY AND APPROVED YIELD RECORD</h2>			
See Page 2 for Privacy Act and Public Burden Statements.			

PART A - GENERAL INFORMATION

3A. Producer(s) Name	3B. Telephone No. (Include Area Code)	3C. Identification Number (Last 4 Digits)
(1)		
(2)		
(3)		
(4)		
(5)		
4. Spotcheck Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	5A. County FSA Office Name	5B. State and County Codes

PART B- UNIT AND CROP IDENTIFICATION

6. Crop Name	7. Crop Type	8. Planting Period.	9. FSA Practice ("I" for Irrigated or "N" for Nonirrigated)	10. Intended Use	11. Unit of Measure	12. Do Yield Limitation Rules Apply? <input type="checkbox"/> YES <input type="checkbox"/> NO
13. County Expected Yield/T-Yield		14. If Applicable, COC Adjusted T-Yield and Reason Code (COC Use Only)				14C. Date of COC Minutes
		14A. Adjusted Yield	14B. Reason Code: (Check one)		<input type="checkbox"/> 4. Topography <input type="checkbox"/> 5. Soil Type <input type="checkbox"/> 6. Elevation	

PART C - ACTUAL PRODUCTION HISTORY

15. APH Crop Year	16. Eligible Disaster?		17. Acres Planted	18. Actual Production	19. Record Type <u>1</u> /	COC USE ONLY	
	YES	NO				20. Yield	21. Yield Type <u>2</u> /

PART D - APPROVED YIELD (COC USE ONLY)

22. Total Yield (Item 20)	23. No. of APH Crop Years (Item 15)	24. Calculated Yield	25. Prior Crop Year Approved Yield	26. Cup Percentage	27. Yield Cup	28. If Item 12 is:
divided by		=		X	=	A. YES, enter the higher of Item 24 or Item 27
						B. NO, enter amount from Item 24

1 / RECORD TYPES:

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

2 / YIELD TYPES:

- 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

- P - 75% of previous year approved yield
- Q - COC special request
- 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 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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