

Instructions for CCC-860

SOCIALLY DISADVANTAGED, LIMITED RESOURCE AND BEGINNING FARMER OR RANCHER CERTIFICATION

This form is to be used by FSA customers to certify that they or the entity or joint operation:

- are a member (or if applicable members) of a socially disadvantaged group
- qualify as limited resource FSA producer(s)
- are beginning farmer(s) or rancher(s).

Submit the original of the completed form in hard copy or facsimile to the appropriate USDA Farm Service Agency servicing office.

Producers must complete all Items as applicable.

Item No./Field Name	Instruction
Item 1A County FSA Office Name and Address	Enter the name and address (<i>including Zip Code</i>) of the servicing County FSA Office
Item 1B Telephone Number	Enter the telephone number (<i>including Area Code</i>) of the servicing County FSA Office.
Item 1C Program Year	Enter the program year for which the certification is being filed. Note: Socially disadvantaged certification is valid indefinitely. Limited resource certification must be filed annually. Beginning farmer or rancher certification is valid until applicable 10 year period has expired.
Item 2 Applicant's Name and Address	Enter the name and address of applicant.

Item No./Field Name	Instruction
Part A,	Applicant shall check Item 3 to certify that they or the entity or joint

Item 3	operation they represent qualify as “Socially Disadvantaged Farmer or Rancher” as defined on the back of this form. <i>(Includes Gender)</i>
Part B, Item 4	Applicant shall check the appropriate check boxes in Item 4 to certify that they or the entity or joint operation they represent qualify as a “Limited Resource Farmer or Rancher” as defined on the back of this form.
Part C, Items 5A, 5B, and 5C	Applicant shall check the appropriate check boxes in Items 5A, 5B, and 5C to certify that they or the entity or joint operation they represent qualify as a “Beginning Farmer or Rancher” as defined on the back of this form. Applicant shall also enter month and year they or the entity or joint operation they represent began farming in Item 5C.
Item 6A Applicant’s Signature	Applicant shall sign to validate certification.
Item 6B Title/ Relationship of the Individual Signing in a Representative capacity	<p>Person signing Item 6A must complete this item if one of the following applies:</p> <ul style="list-style-type: none"> • they are someone other than the individual identified in Item 4 • the member is a legal entity or joint operation.
Item 6C Date Signed	Applicant shall enter date <i>(MM-DD-YYYY)</i> the form was signed in Item 6A.