

**CERTIFICATION OF COMPLIANCE FOR BCAP**

Producers name and address

County Office Address, City, State, Zip and Telephone number

Dear Producer:

Our records indicate that all of the following applied to you in the previous year:

1. That all or a portion of the land of your farm or forest lands was enrolled in the Biomass Crop Assistance Program (BCAP).
2. That you certified compliance with Highly Erodible Land Conservation and Wetland Conservation provisions and have an approved farm or forest conservation operating plan for payment eligibility review.

If the above statements remain true for the current year, please sign and date the BCAP-817U and **return it to this office by Return date** so your BCAP rental payment may be processed.

<b>IMPORTANT INFORMATION – PLEASE READ AND RETURN BY DATE SPECIFIED SHOWN ABOVE</b>		
1. Farm/Forest Number	2. BCAP Contract Number	3. Program Year of Certification
4. Practice Identification and Acres		
<p>I hereby certify that: (1) the information shown above is correct; (2) I have and will continue to comply with <b>ALL</b> the terms and conditions of the indicated BCAP contract, including the applicable appendix and any addendums; (3) I am in compliance with <b>ALL</b> Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC) provisions set forth in 7 CFR Part 12; (4) I have filed an approved conservation plan for payment eligibility review, in accordance with 7 CFR Part 1450 and there have been no changes in my farming or forestry operation; and (5) USDA representatives are authorized to enter upon and inspect the farm or forest land indicated above for the purpose of confirming this certification.</p> <p><b>Contact this office immediately if any information shown is incorrect or if farming or forestry interests identified on the farm or forest operating plan referred to above have changed.</b></p>		
5. Signature of Producer (By)	6. Title/Relationship of the Individual if Signing in a Representative Capacity	7. Date
<p><b>NOTE:</b> The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 10 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.</p> <p>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 Food Security Act of 1985, (Pub. L. 99-198), as amended and the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue Code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility, and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. 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. <b>RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</b></p>		

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