Instructions For CCC-452 Manual

NAP ACTUAL PRODUCTION HISTORY AND APPROVED YIELD RECORD

This form is used to certify the crop year production of a crop with NAP coverage and calculate an approved yield for the next crop year. If certifying production for more than 1 crop year, acceptable records must be provided to the administrative county FSA office for all previous crop years. Acceptable records of production must be maintained for a minimum 3 years following the crop year. A separate CCC-452 must be completed for each crop with a different crop type, practice, and intended use. Contact your administrative county FSA office if you have questions regarding acceptable production records. Please read all the instructions before contacting the administrative county FSA office with questions about the instructions.

Submit the original of the completed form in hard copy or facsimile to the administrative county FSA office

Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, <u>provided</u> that (1) the customer submitting the form is the only person required to sign the transaction, or (2) the customer has an approved Power of Attorney (Form FSA-211) on file with USDA to sign for other customers for the program and type of transaction represented by this form.

Features for transmitting the form electronically are available to those customers with access credentials only. If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

Producers must complete Items 1 through 3C, 6 through 11, 15, 17 through 19, 29 if applicable, 30A and 30B.

Items 1 – 3C

Fld Name / Item No.	Instruction
1 Crop Year	Enter the crop year for which an approved yield will be calculated. If unknown, contact the local county FSA office.
2 Unit No.	Enter your unit number. If unknown, contact the local county FSA office.
3A Producer's Name	Enter your name on the first line. Enter the names of any other people with an interest in the crop in lines 2,3,4, and 5. Include additional names in Item 29.

Fld Name / Item No.	Instruction
3B Telephone No. (Include Area Code)	Enter your telephone number. Include the Area code. Format the number as 123-456-7890.
3C Identification Number	Enter your identification number. Format the number as 123-45-6789 or 12-345678 if you use a business identification number.

Items 4, 5A, and 5B are for FSA use only.

Items 6 through 11

Fld Name / Item No.	Instruction
6 Crop Name	Enter the name of the crop. **Example:** pears.
7 Crop Type	Enter the type or variety of the crop. **Example:** bartlett. If you grow more than 1 type or variety, complete a separate CCC-452 for each type and variety.
8 Planting Period	Enter the planting period number. If unknown, contact your administrative county FSA office.
9 FSA Practice	Enter the practice used to produce the crop. Enter "I" for irrigated crop acreage and "N" for non-irrigated crop acreage. Complete a separate CCC-452 for each if you have both irrigated and non-irrigated crop acreage for the same crop, type, and intended use.
10 Intended Use	Enter the intended use of the planted acreage. **Examples:** fresh, processed, animal feed, dry edible, grain, etc. **Note:** If the harvested use is different, enter the harvested use and quantity in Item 29. If you grow the crop for more than 1 intended use, complete a separate CCC-452 for each intended use.
11 Unit of Measure	Enter the unit of measure used to quantify the production. **Examples:** ounces, pounds, hundredweight, tons, plants or bushes, containers, etc. If you enter containers, lugs, etc., enter the weight of produce each container, etc. will hold.

Items 12 through 14C are for FSA use only.

Item 15

Fld Name/ Item No.	Instruction
15 APH Crop Year	Enter the year for which production is being certified. Enter as many years as there are years of production being certified. **Example:** If certifying production for 2003 and 2004, enter 2003 on the first line and 2004 on the next line.

Item 16 is for FSA use only.

Items 17 through 19

Fld Name/ Item No.	Instruction
17 Acres Planted	Enter the number of acres planted for the crop year, crop, crop type, practice, and intended use.
18 Actual Production	Enter the actual production (harvested and appraised, as applicable) for the crop year, crop, type, practice, and intended use.
19 Record Type	Enter the type of record you have supporting your certification of production for the crop year, crop, type, practice, and intended use. (See "Record Types" listed under footnote 1)

Items 20 through 28 are for FSA use only.

Items 29 through 30B

Fld Name/ Item No.	Instruction
29 Remarks	Enter additional information for any other item and other information supporting the certification.
30A Signature of Producer	Signature of Producer. If you are mailing or faxing this form, print the form and manually enter your signature. It this form is approved for electronic transmission and you have established credentials with USDA to submit forms electronically, use the buttons provided on the form for transmitting the form to the administrative county FSA office.
30B Date	Enter the date the form is signed. *(MM-DD-YYYY)*

Items 31A through 31C are for FSA use only.