**This form is available electronically.** Form Approved – OMB No. 0560-0175

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| **CCC-452 Manual U.S. DEPARTMENT OF AGRICULTURE**  (proposal 2) Commodity Credit Corporation  **NAP ACTUAL PRODUCTION HISTORY AND**  **APPROVED YIELD RECORD**  *See Page 2 for Privacy Act and Paperwork Reduction Act Statements.* | | | | | | | | | | | | | | | | | | | | 1. Crop Year | | | 2. Unit No. |
| **PART A - GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | |
| 3A. Producer(s) Name | | | | | | | | | | | | | | 3B. Telephone Number  *(Include Area Code)* | | | | | | | 3C. Identification Number  *(Last 4 Digits)* | | |
| (1) | | | | | | | | | | | | | |  | | | | | | |  | | |
| (2) | | | | | | | | | | | | | |  | | | | | | |  | | |
| (3) | | | | | | | | | | | | | |  | | | | | | |  | | |
| (4) | | | | | | | | | | | | | |  | | | | | | |  | | |
| (5) | | | | | | | | | | | | | |  | | | | | | |  | | |
| 4. Spotcheck Required?  YES  NO | | | | 5A. County FSA Office Name | | | | | | | | | | 5B. State and County Codes | | | | | | | 6. Native Sod Conversion?  YES  NO | | |
| **PART B- UNIT AND CROP IDENTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Crop Name | | 8. Crop Type | | | | | 9. Planting Period | | | | | 10. FSA Practice  (“I” for Irrigated or  “N” for Nonirrigated) | | | 11. Intended Use | | | 12. Organic Status  Conventional  Transitional  USDA Certified | | | | 13. Unit of  Measure | |
| 14. Do Yield Limitation  Rules Apply?  YES  NO | | 15. County Expected  Yield/T-Yield | | | | | | 16. If Applicable, COC Adjusted T-Yield and Reason Code *(COC Use Only)* | | | | | | | | | | | | | | | |
| 16A. Adjusted  Yield | | | 16B. Reason Code: *(Check One)* | | | | | | | | | | | 16C. Date of COC  Minutes | |
| Inconsistent farming/management practices  Age of stand/trees  Multiple County T-Yield Variations | | | | | | | Topography  Soil Type  Elevation | | | |
| **PART C - ACTUAL PRODUCTION HISTORY** | | | | | | | | | | | | | | | | | | | | | | | |
| 17.  APH Crop Year | 18.  Eligible Disaster? | | | | 19.  Acres Planted | | | | | 20.  Actual Production | | | | | | 21.  Record Type 1/ | | | **COC USE ONLY** | | | | |
| YES | | NO | | 22. Yield | | | 23. Yield Type 2/ | |
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| **PART D - APPROVED YIELD *(COC USE ONLY)*** | | | | | | | | | | | | | | | | | | | | | | | |
| 24. Total Yield  (Item 22) | 25. No. of APH  Crop Years  (Item 17) | | | | | 26. Calculated  Yield | | | | 27. Prior Crop Year  Approved Yield | | | 28. Cup  Percentage | | | 29. Yield Cup | | 30. If Item 14 is: | | | | | |
| A. YES, enter the higher of Item 26 of Item 29 | | | | | |
| divided  by | = | | | | |  | | | | x | | | = | | |  | | B. NO, enter amount from Item 26 | | | | | |
| **1 / RECORD TYPES:**  1 - Production sold/commercial storage  2 - On farm storage, measurement  3 - Livestock feeding records  4 - Appraisal  5 - Other - Identify in Item 31, Remarks | | | | | | | | | **2 / YIELD TYPES:**  A - Actual yield  B - Bypass Year  C - Added practice/type/intended use/planting period/unit  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  V - Substitute yield  Z - Zero acres planted | | | | | | |

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| **PART E - REMARKS AND ACTUAL INFORMATION** | | | | | |
| 31. Remarks | | | | | |
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| **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 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 for 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. | | | | | |
| 32A. Signature of Producer (BY) | | | 32B. Title/Relationship of the Individual Signing in a  Representative Capacity | | 32C. Date *(MM-DD-YYYY)* |
|  | | |  | |  |
| 33A. Signature of COC Representative | | 33B. Date *(MM-DD-YYYY)* | | 33C. County FSA Office Name and Address | |
|  | |  | |  | |
| Telephone No. *(Include Area Code)*: | |

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