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CCC-452 Manual

U.S. DEPARTMENT OF AGRICULTURE

Form Approved – OMB No. 0560-0175

(proposal 2)

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 <i>(Include Area Code)</i>	3C. Identification Number <i>(Last 4 Digits)</i>
(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	6. Native Sod Conversion? <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> Conventional <input type="checkbox"/> Transitional <input type="checkbox"/> USDA Certified	13. Unit of Measure
14. Do Yield Limitation Rules Apply? <input type="checkbox"/> YES <input type="checkbox"/> NO	15. County Expected Yield/T-Yield	16. If Applicable, COC Adjusted T-Yield and Reason Code <i>(COC Use Only)</i>				16C. Date of COC Minutes
		16A. Adjusted Yield	16B. Reason Code: <i>(Check One)</i>			
			<input type="checkbox"/> Inconsistent farming/management practices	<input type="checkbox"/> Topography		
			<input type="checkbox"/> Age of stand/trees	<input type="checkbox"/> Soil Type		
			<input type="checkbox"/> Multiple County T-Yield Variations	<input type="checkbox"/> 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/}
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
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	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

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

- 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

PART E - REMARKS AND ACTUAL INFORMATION

31. 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 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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