

CCC-576-1 U.S. DEPARTMENT OF AGRICULTURE (07-11-03) Commodity Credit Corporation APPRAISAL/PRODUCTION REPORT NONINSURED CROP DISASTER ASSISTANCE PROGRAM	PART A - GENERAL INFORMATION (To be completed by County Office)	
	1. COUNTY FSA OFFICE NAME & ADDRESS (Include Zip Code) TELEPHONE NO. (Include Area Code):	2A. NAP UNIT NO. 2B. NAP APPLICATION NO.
3. PRODUCER'S NAME AND ADDRESS (Include street, city, State and Zip Code)	4A. TELEPHONE NO. (Include Area Code) 4B. E-MAIL ADDRESS	5. FARM NO.'s ASSOCIATED WITH UNIT 6. CROP (BY TYPE OR VARIETY OF CROP)

PART B - APPRAISAL OR REPORT OF PRODUCTION (To be completed by LA or FSA representative)

7. Tract	8. Field	9. Preliminary Acres Appraised for Other Use		10. Final Acres		11. Practice	12. Stage	13. Intended Use	14. Appraisal Per Acre (bu., lb., cwt., tons)	15. Potential Production	16. Ineligible Causes	17. Assigned Production
		Whole	10ths	Whole	10ths							
18. TOTAL ACRES									19. TOTAL POTENTIAL		20. TOTAL ASSIGNED	

HARVESTED PRODUCTION - INCLUDE ALL PRODUCTION FOR ALL ENTITIES SHARING IN CROP FARM-STORED OR OTHER

21. Bin No.	22. Length or Diameter	23. Width	24. Depth	25. Deduction	26. Shelled, Ear, or Ground Silage, Other	27. Gross Production (Bu., Lbs., Cwt., or Tons)	Adjustments to Harvested Production				32. Production Not to Count	33. Production to Count for Line (include on farm feed or seed and cash sales)
							28. % Shell or Sugar	29. % Moisture	30. Test Weight	31. % Dockage		

34. Total Harvested Production (Total of all entries in column 33)	35. Net Production to Count for the Unit (Totals of Item 19 plus Item 20 plus Item 34)
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Attach scale tickets, if not farm-stored, including name and date or purchaser, producer receipts, etc., as applicable.

Attach Appraisal Worksheet, actual production evidence, and, if applicable FCI-6, Statement of Facts. Do not use appraisal when harvested production is available. If destroyed prior to appraisal, applicant is ineligible.

PART C - CERTIFICATION BY LA OR FSA REPRESENTATIVE (Signature in Part C, by the producer or legal representative, constitutes written agreement with Parts A and B for the commodity(ies) shown.)

LA OR FSA REPRESENTATIVE SIGNATURE			38. PRODUCER'S SIGNATURE	
36. 1st Inspection or Final	Date (MM-DD-YYYY)	Code No.		Date (MM-DD-YYYY)
37. 2nd or Final				

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 Pub. L. 93-86. The information will be used to determine eligibility for disaster program benefits. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for disaster benefits. 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 60 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.**