

<p>CCC-577 Proposal 4</p> <p style="text-align: center;">U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation</p> <p style="text-align: center;">NONINSURED CROP DISASTER ASSISTANCE PROGRAM (NAP) – APPLICATION FOR TRANSFER OF COVERAGE (2015 and Subsequent Crop Years)</p>	<p>1. Crop Year</p> <hr/> <p>2A. County FSA Office Name and Address <i>(Including Zip Code)</i></p> <hr/> <p>2B. Telephone No. <i>(Including Area Code):</i></p>
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NOTES : *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 1437, the Commodity Credit Corporation (CCC) Charter Act (15 U.S.C. 714 et seq.), and 7 U.S.C. 7333, Administration and operation of noninsured crop disaster assistance program (NAP), as amended by the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility of a transferee for program benefits in response to an application for coverage and subsequent application for transfer of coverage on a NAP covered producer's (transferor's) share of noninsured crop(s). The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in the application for transfer not being processed by the Farm Service Agency (FSA) on behalf of CCC.*

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. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

PART A – UNDERSTANDING OF TRANSFEROR AND TRANSFEREE REGARDING TRANSFER OF NAP COVERAGE

Only NAP coverage that has attached and is in effect on the effective day of transfer is eligible for transfer from a NAP covered participant to a transferee. The coverage that will transfer for each approved transferred coverage crop listed on this request will be the exact same coverage level and options as was selected by the transferor on form CCC-471. A transfer of NAP coverage may be sought when there is a :(1) sale of land that has a NAP covered crop with existing coverage on it at time of sale; (2) transfer of lease of land having a NAP covered crop planted on it with existing coverage; (3) dissolution or formation of a new entity to replace person or legal entity who has NAP coverage on a crop or crops; or (5) change in crop share interest whereby a person or legal entity succeeds the crop share interest of the transferor. A transfer of NAP coverage can occur before or after the acreage reporting date. A transfer of NAP coverage is inapplicable and will not be used in any of the following instances: (1) after a disaster has occurred; (2) before the application closing date for the crop/commodity; (3) when estates are closed or entities are dissolved; (4) when partial share transfers occur between two parties; (5) Involving divorce between spouses unless the transfer is 100%; (6) when land is transferred to another administrative county; (7) when the transferee already has coverage for the crop/commodity (added land provisions apply); or (8) if the coverage period for the crop has not begun. Transfers must be initiated after the application closing date and before the earlier of either the disaster event or end of the coverage period. The transferor and transferee agree that in the event FSA approves this transfer request, the transferor and transferee are jointly and severally liable for any premium that applies or will apply to the transferred NAP coverage. The amount of premium calculated will be based on status of the transferor. In no case will a premium owed to CCC be reduced by a transfer. Transferee is responsible for meeting all program requirements including eligible producer requirements. FSA will disapprove a request to transfer NAP coverage for any crop for which coverage has not attached and that is not in effect or has not yet attached as of the effective date of transfer. The effective date of transfer entered below is an affirmation by the transferor and transferee as to the date the transferor's crop share interest in the NAP covered crop was transferred to the transferee. That date entered by the parties below is subject to review and acceptance by FSA. A written statement regarding the reason for the transfer (one of the five reasons stated above, or another) is required to be entered on this form together with a statement as to the effective date of transfer. FSA may at any time it deems appropriate require documentation substantiating this transfer request or any of the information entered or contained on this form.

PART B – REQUEST TO TRANSFER NAP COVERAGE - LIST EACH CROP FOR WHICH TRANSFER IS SOUGHT (Attach copy of CCC-471 for Transferor along with copy of Producer Application Summary Report. Also attach any supporting documentation)

3. Name of Crop (From CCC-471)	4. Effective Date of Transfer	5. Nature of Reason for Transfer	6. CCC Action (Approval or Disapproval)
<input type="checkbox"/> CHECK IF ALL CROPS ON CCC-471	<input type="checkbox"/> CHECK IF ALL CROPS ON CCC-471	<input type="checkbox"/> CHECK IF ALL CROPS ON CCC-471	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
			<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
7. Transferee Name and Address (Include Zip Code)		8. Farm Number or Physical Location	9. Percentage Share of Transferor Being Transferred to Transferee
			%
			%

PART C – CERTIFICATIONS AND SIGNATURES OF TRANSFEROR AND TRANSFEREE

I certify all information entered on this application for transfer of NAP coverage, whether or not personally entered by me, is true and correct. I understand that FSA may seek additional documentation substantiating any of the information provided on this form either before or after acting on this request to transfer any of the crop coverage in Part B, item 6. I acknowledge all of the following: (1) The election of basic 50/55 or buy-up NAP coverage is as shown on the attached copy of producer application summary and that election is irrevocable and will apply to the transferred coverage. (2) The premium that will be calculated for the election that transfers with coverage will be withheld from any NAP payment made to the producer. (3) The premium determined as a result of election according to the application, the CCC-471 NAP basic provisions, and 7 CFR part 1437 is owed to CCC and must be paid regardless of whether or not the NAP covered crop and producer qualifies for a payment or is eligible or ineligible. Transferor and transferee are jointly and severally liable for premium determined owed to CCC. All information provided herein is subject to verification by the FSA. As provided in statute and regulation, failure to provide true and correct information may result in the invalidation of this application, a determination of noncompliance or ineligibility, or other remedies or sanctions. By signing this application for transfer of NAP coverage, I acknowledge receipt of the CCC-471 NAP basic provisions for the crop year and coverage year of this application. **ALL PARTIES TO THIS TRANSFER AGREEMENT MUST SIGN THE TRANSFER REQUEST FOR THE FORM TO BE CONSIDERED FILED AND PROCESSED FOR ACTION BY FSA FOR CCC.**

10A. Transferor's Signature	10B. Title/Relationship of the Individual if Signing in a Representative Capacity	10C. Date (MM-DD-YYYY)
11A. Transferee's Signature	11B. Title/Relationship of the Individual if Signing in a Representative Capacity	11C. Date (MM-DD-YYYY)

PART D – ACTION BY CCC (Signature below affirms each of the CCC actions for each crop in Part B, Item 6)

12A. Name and Address of County FSA Office (Including Zip Code)	13. State and County Code	
12B. Telephone Number (Include Area Code)	14. Signature and Title of CCC Representative	15. Date (MM-DD-YYYY)

1Step	Action
1	Enter the crop year of coverage transfer request.
2A	Enter administrative county FSA office name and address
2B	Enter administrative county FSA office telephone number
PART A	Allow transferor and transferee to each read through the statement in Part A
PART B	
3	Enter the name of crops selected from transferor's CCC-471 and/or producer application summary report that are being requested for transfer. If all the crops on the transferor's CCC-471 and/or producer application summary report are to be transferred, check the box next to "ALL Crops on CCC-471." Attach the CCC-471 and the producer application summary report.
4	Enter the effective date of transfer for either all crops or each crop if a different effective date is applicable to various crops. Example: Rob Roy filed an application for coverage for green beans. Roy planted the green beans on April 1 – then relinquished his crop share interest to Roy Farms, Inc., via lease or other arrangement on April 15. The effective date of transfer is the date (April 15) Roy Farms, Inc., acquired Roy's crop share interest in the NAP covered green beans.
5	Enter the nature or reason for transfer. Example: Using the example above in example for step 4, the nature or reason for transfer could be "transfer of crop share interest in NAP covered crop after coverage period began – lease or similar arrangement."
6	Enter FSA action to approve or disapprove the crops shown in steps 3, 4, and 5. If "ALL Crops on CCC-471" is checked, FSA Action in this row is for all crops; otherwise, FSA can approve individual crops on lines below.
7	Enter the name and address of the transferee.
8	Enter the farm number or other physical location of where the NAP covered crop being transferred is located.
9	Enter the transferor's percentage share interest in the NAP covered crop or crops being transferred to this transferee.
PART C	Have transferor and transferee each read through the statement in Part C.
10A, 10B, and 10C	Transferor will sign for self or in a representative capacity in 10A; leave 10B blank if transferor is signing as self individual or, if signing in a representative capacity, enter representative capacity for signature entered in 10A; then enter date of signature in 11C.
11A, 11B, and 11C	Transferee will sign for self or in a representative capacity in 11A; leave 11B blank if transferee is signing as self individual or, if signing in a representative capacity, enter representative capacity for signature entered in 11A; then enter date of signature in 11C.
Part D	
12 through 15	FSA will complete items 12 through 15 when final action is performed for all or each crop in item 6.