This form is availa	ble ele	ctronically	<i>/</i> .									OMB No. 0560-0175
CCC-452 (04-14-15)				ARTMENT modity Cred		GRICULTURE				1. Cr	op Year	2. Unit No.
(04-14-15)				•		•						
		NAP A				ON HISTOR	RY AND					
						RECORD						
See Page 2 for Pri				uction Act S	Statem	ents.						
3A. Producer(s) Na			.011						Telephone Numbe			ntification Number
									(Include Area Cod	le)	(Las	at 4 Digits)
(1)												
(2)												
(3)												
(4)												
(5) 4. Spotcheck Requ	irod2	15A C	ounty ESA	Office Name				5B	State and County	Codos	6 Nativ	Sod Conversion?
4. Spotcheck Requ	iieu:	3A. C	ourity I SA	FSA Office Name				5B. State and County Codes		6. Native Sod Conversion?		
☐ YES ☐				- N							Y	ES NO
PART B- UNIT A 7. Crop Name		8. Crop Ty		ON Intended Us	se 1	10. FSA Praction	ce	11. PI	anting Period	12. Organi	c Status	13. Unit of
						("I" for Irriga	ated or				ntional	Measure
						"N" for Noni	irrigated)			Transi		
14. Do Yield Limitat	tion	15. County	/ Expected	16. If App	licable	e. COC Adiuste	d T-Yield a	nd Re	ason Code (COC		Certified	
Rules Apply?			T-Yield	16A. Adju	sted	16B. Reason (_		16C. Date of COC
				Yield	d	l 		management practices		☐ Topogr		Minutes
☐ YES ☐ NO					☐ Age of stand/trees ☐ Multiple County T-Yield Variations ☐			Soil Ty				
PART C - ACTUA	L PRO	ODUCTIO	N HISTOR	RY		wattpie e	ounty 1 Ho	a vana	alono .		011	
17. APH Crop Year		18. ligible		9. Planted		20. Actual Prod	duction		21. Record Type <u>1</u> /		coc us	F ONLY
7 ii 11 Olop 1 cai	Disaster?		7101001	, toroo r lamou		, 1010011 1 1000011011		1.1.30.0 . 1, po <u>1</u> /		22. Yield		
	YES	NO								22.	Yield	23. Yield Type <u>2</u> /
	Ш											
		1 🗖										
	Ш											
		+=										
	Ш	\perp										
			0044	N// N/								
PART D - APPROVED YIELD (COC USE ONLY) 24. Total Yield 25. No. of APH 26. Calculated 27. Prior Crop Year 28. Cup							28. Cup		29. Yield Cup	30. If Item	14 is:	
(Item 22) Crop Years (Item 17)		Yi	Yield		Approved Yield	Percentage		-	A. YES, enter the higher of Item 26 or Item 29			
	,,,										er amount fro	
divided by			=		L	х		=				
1 / RECORD TYPI	ES:			<u>2</u> / YII	ELD T	YPES:				of previous ye acement yield		yield
1 - Production sold/commercial storage				A - Actual yield S - 65% of					of the T-yield of the T-yield			
						actice/type/intend	d use/planting period/unit U - Substitute yield V - Substitute yield					
4 - Appraisal 5 - Other - Identify in	5 - Other - Identify in Item 31, Remarks I - 100% of T-yield for new producer of crop Z - Zero acres planted											
					% of T- ro cred	yield lited yield						

CCC-452 (04-14-15)			Page 2 of 2
PART E - REMARKS AND ACTUAL INFORMATION	N		
31. Remarks			
NOTE: The following statement is made in accordance information identified on this form is 7 CFR Part Act of 2014 (Pub. L. 113-79). The information w Disaster Assistance Program (NAP). The inform Tribal agencies, and nongovernmental entities the applicable Routine Uses identified in the System.	1437, the Commodity Credit Co rill be used to determine eligibility nation collected on this form may that have been authorized access	rporation Charter Act (15 U.S.C. 714 to participate in and receive benefits be disclosed to other Federal, State s to the information by statute or regu	et seq.), and the Agricultural s under the Noninsured Crop , Local government agencies, llation and/or as described in
information is voluntary. However, failure to furr benefits under the Noninsured Crop Disaster As	nish the requested information w	ill result in a determination of ineligible	ility to participate in and receive
According to the Paperwork Reduction Act of 19	05 an agency may not conduct	or enonger, and a person is not requi	ired to respond to a collection
of information unless it displays a valid OMB con			
required to complete this information collection is	s estimated to average 5 minute.	s per response, including the time for	reviewing instructions,
searching existing data sources, gathering and r THIS COMPLETED FORM TO YOUR COUNTY		d completing and reviewing the collec	ction of information. RETURN
PART F- PRODUCER'S CERTIFICATION	FSA OFFICE.		
I hereby certify that the information included on this	s form includes a complete a	nd accurate record of actual prod	luction history The actual
production history is accurately identified to the uni			
spot checked and failure to certify accurately may re			•
operator, ginner, or any person who otherwise store			
purchase records of the identified crop to USDA rep			
payment yield may be different than the approved yi		-	
32A. Signature of Producer (By)	32B. Title/Relationship of	of the Individual Signing in a	32C. Date (MM-DD-YYYY)
	Representative Ca	pacity	
33A. Signature of COC Representative	33B. Date (MM-DD-YYYY)	33C. County FSA Office Name an	d Address
		Telephone No. (Include Area Code	e):
The U.S. Department of Agriculture (USDA) prohibits discrimination disability, sex, gender identity, religion, reprisal, and where applicate			

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