

<p><b>CCC-577</b> (05-08-15)</p> <p style="text-align: center;"><b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation</p> <p style="text-align: center;"><b>NONINSURED CROP DISASTER ASSISTANCE PROGRAM (NAP) – APPLICATION FOR TRANSFER OF COVERAGE (2015 and Subsequent Crop Years)</b></p> <p><i>See Page 2 for Privacy Act and Public Burden Statements.</i></p>	<p>1. Crop Year:</p> <p>2A. County FSA Office Name and Address <i>(Including Zip Code)</i></p> <p>2B. Telephone No. <i>(Including Area Code)</i>:</p> <p>2C. State and County Code</p>
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3A. Transferor's Name	3B. Transferor's Address
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**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 date 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 were selected by the transferor on form CCC-471.

4. A transfer of NAP coverage may be sought for various reasons that cause a change in producer crop share interest from one producer to another in a NAP covered crop. The following are some **reasons** for seeking a transfer of coverage:
- A. sale of land that has a NAP covered crop with existing coverage on it at time of sale;
  - B. transfer of lease of land having a NAP covered crop planted on it with existing coverage;
  - C. formation of a new entity to replace a person or legal entity who has NAP coverage on a crop or crops; or
  - D. other change in crop share interest whereby a person or legal entity succeeds to the crop share interest of the transferor.

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) divorce between spouses unless the transfer is 100%; (6) when land is transferred to another administrative county; (7) when the transferee already has their own coverage for the crop share interest of the transferor 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 coverage has attached 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. 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, copy of Producer Application Summary Report, any supporting documentation)**

5. Name of Crop <i>(From CCC-471)</i>	6. Effective Date of Transfer for Crop	7. Reason for Transfer of This Crop	8. CCC Action (Approval or Disapproval)
<input type="checkbox"/> Check if all crops on CCC-471 are requested for transfer of coverage:	<input type="checkbox"/> Check if effective date is the same for all crops being transferred:	<input type="checkbox"/> Check if the reason is the same for all crops being transferred:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
			<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
			<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

9. Transferee Name and Address <i>(Include Zip Code)</i>	10. Percentage Share Transferred
	%
	%
	%
<b>TOTAL MUST EQUAL 100%</b>	%

**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 5. 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) Any 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.**

11A. Transferor's Signature	11B. Title/Relationship of the Individual if Signing in a Representative Capacity	11C. Date (MM-DD-YYYY)
12A. Transferee's Signature	12B. Title/Relationship of the Individual if Signing in a Representative Capacity	12C. Date (MM-DD-YYYY)

**PART D – ACTION BY CCC (Signature below affirms each of the CCC actions for each crop in Part B, Item 5)**

13A. Signature of CCC Representative	13B. Title of CCC Representative	13C. Date (MM-DD-YYYY)

**NOTE:** 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 Charter Act (15 U.S.C. 714 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility to participate in and receive benefits under the Noninsured Crop Disaster Assistance Program (NAP). 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 a determination of ineligibility to participate in and receive benefits under the Noninsured Crop Disaster Assistance Program (NAP).

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.**

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider and employer.