

CCC-471 (12-01-14)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. Crop Year
		2A. County FSA Office Name and Address <i>(Including Zip Code)</i>
		2B. Telephone No. <i>(Including Area Code):</i>

NON-INSURED CROP DISASTER ASSISTANCE PROGRAM (NAP) APPLICATION FOR COVERAGE WITH BUY-UP OPTION (2015 and Subsequent Crop Years)

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.), the Federal Agriculture Improvement and Reform Act of 1996 (7 U.S.C. 7333 – as amended), the Federal Crop Insurance Act (7 U.S.C. 1508 – as amended), 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 Non-Insured Crop Disaster Assistance Program. 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 Non-Insured Crop Disaster Assistance Program.*

*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 ALONG WITH YOUR APPLICABLE SERVICE FEE TO YOUR COUNTY FSA OFFICE.***

PART A - PRODUCER INFORMATION

3A. Name and Address of Producer <i>(Including Zip Code):</i>	Administrative State and County Office	
	4A. State	4B. County
3B. Telephone No. <i>(Including Area Code)</i>		
3C. Email Address	5. Schedule of Deposit Number According to 64-FI	

PART B - SOCIALLY DISADVANTAGED, LIMITED RESOURCE, AND BEGINNING FARMER OR RANCHER

6. Socially disadvantaged, limited resource, and beginning farmers are eligible for a waiver of the NAP service fee and, if buy-up coverage is elected, a 50% reduction of the calculated buy-up premium.

To qualify for a service fee waiver or reduced premium as a socially disadvantaged, limited resource, or beginning farmer, you must file a Socially Disadvantaged, Limited Resource and Beginning Farmer or Rancher Certification (CCC-860), if not already on file.

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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, 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. USDA is an equal opportunity provider and employer.

