**Instructions for CCC-577**

**NONINSURED CROP DISASTER ASSISTANCE PROGRAM (NAP) � APPLICATION FOR TRANSFER OF COVERAGE (2015 and Subsequent Crop Years)**

**Producers use this form to request a transfer of NAP coverage when a change of share or sale of covered crop acreage occurs during the coverage period.�**

**Submit the original of the completed form in hard copy or facsimile to the appropriate FSA servicing office.�**

***Producers must complete Items 1, 7, and 9 through 12C.***

***Items 1-13***

| **Fld Name/**  **Item No.** | **Instructions** |
| --- | --- |
| 1  Crop Year | Enter the crop year of coverage transfer request. |
| 2A  County FSA Office Name� | Enter administrative County FSA Office name and address. |
| 2B  Telephone No. | Enter administrative county FSA office telephone number (Including Area Code). |
| 3A  Transferor�s Name | Enter name of transferor. |
| 3B  Transferor�s Address | Enter address of transferor (Include Zip Code). |
| ***PART A � No Entry Required � Understanding of Transferor and Transferee*** | |
| 4 | NO ENTRY REQUIRED � Reasons for transfer.� For use in Item 7. |

| **Fld Name/**  **Item No.** | **Instructions** |
| --- | --- |
| ***PART B - Attach copy of CCC-471 for transferor, copy of producer application summary report, any supporting documentation, and complete items 5 through 10.*** | |
| 5  Name of Crop | Enter the name of each crop 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. |
| 6  Effective Date of Transfer for Crop | Enter the effective date of transfer for either all crops or each crop if a different effective date is applicable to various crops.� If the effective date of transfer is the same for all crops being transferred, check the box next to �Check if effective date is the same for all crops being transferred.�  **Example:�** Rob Roy filed an application for coverage for green beans.� Roy planted the green beans on April 1 � then gave his crop share interest in the beans 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. |
| 7  Reason for Transfer of this crop | Enter the reason for transfer.� Pick one of the stated reasons from Part A, item 4 above or state other reason for transfer if applicable.  **Example:**� Using the example in Item 6, the nature or reason for transfer could be identified as �lease or other similar arrangement whereby a person or legal entity succeeds to the crop share interest of the transferor.� |
| 8  No Entry Required  CCC Action | FSA will approve or disapprove the crops shown in Item 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. |
| 9  Transferee Name and Address | Enter the name and address of the transferee (Include Zip Code). |
| 10  Percentage Share Transferred | For each transferee name entered in number 9, enter the transferor�s percentage share interest in the NAP covered crop or crops being transferred to this transferee.�  **Note:�** The total percentage share interest being transferred from  transferor to all transferees **must** total 100 percent.� Partial  transfers are not allowed. |
| ***PART C - Have transferor and transferee each read through the statement in***  ***Part C.*** | |
| 11A, 11B, & 11C  Transferor�s Signature | Transferor will sign for self or in a representative capacity in Item 11A. ; leave 11B blank if transferor 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. |
| 12A, 12B, & 12C  Transferee�s Signature | Transferee will sign for self or in a representative capacity in Item 12A. ; leave 12B blank if transferee is signing as self-individual or, if signing in a representative capacity, enter representative capacity for signature entered in 12A; then enter date of signature in 12C. |
| ***Part D - NO ENTRY REQUIRED � Action by CCC.*** | |
| 13A and 13B  Signature and Title of CCC Representative | Enter signature and title of CCC Representative when final action is performed for crop(s) in item 5. |