

**\*-- Instructions for Completing FSA-893, 2018 CITRUS ACTUAL PRODUCTION HISTORY AND APPROVED YIELD RECORD (FLORIDA ONLY)**

**A Completing FSA-893**

A manual FSA-893 is required to be completed by the Florida citrus producers to calculate an approved yield for the 2018 crop year.

Follow this table to complete a manual FSA-893.

| Item  | Instructions   |
|---|--|
| 1   | Enter the administrative State.  |
| 2   | Enter the administrative County.   |
| 3   | Enter the unit number.   |
| 4   | Enter the producer's name.   |
| <b>Part B – Crop Information</b>                            |  |
| 5   | Enter the crop name.   |
| 6   | Enter the crop type.   |
| 7   | Enter intended use for the crop.   |
| 8   | Enter the practice; “I” for irrigated or “N” for nonirrigated.   |
| 9   | Enter the appropriate Organic Status according to 2-CP.  |
| 10  | Enter the unit of measure for the crop.  |
| <b>Part C – Actual Production History (APH)</b>             |  |
| Items 14 is for COC representative use only, if applicable. |  |
| 11  | The APH crop years for the 2018 crop year are 2017, 2016, 2015, 2014, & 2013.<br><b>Note: This item is already populated.</b>  |
| 12  | Enter the number of acres planted for the crop, crop type, intended use, practice and organic status, in items 5-10 for each APH crop year in item 11, as applicable.                                      |
| 13  | Enter the actual production for the crop, crop type, intended use, practice and organic status, in items 5-10 for each APH crop year in item 11, as applicable.  |
| 14  | Calculate yield by dividing item 13 by item 12. Complete for each APH crop year in item 11, as applicable.<br><b>Note: COC representative completes this item.</b>   |
| <b>Part D – Approved Yield (COC Use Only)</b>               |  |
| 15  | Total of all yields in item 14.  |
| 16  | Enter the number of APH crop years for which production history was provided.  |
| 17  | Calculate the approved yield by dividing item 15 by item 15.   |
| <b>Part E – Producers Certification</b>                     |  |
| 18  | Use as needed to continue or explain information in other items on FSA-893.  |
| 19A   | Producer representing the unit must sign.  |
| 19B   | Enter title and/or relationship of the individual signing in a representative capacity.<br><br><b>Note:</b> If producer signing is not signing in representative capacity, this field should be let blank. |
| 19C   | Enter the date CCC-893 was signed by producer.   |
| <b>Part F – COC Signature</b>                               |  |
| 20A   | COC or their representative must sign.   |
| 20B   | COC or their representative must enter the date the FSA-893 was signed.  |

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**B Example of a Completed FSA-893**