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**CCC-505**  
(04-22-15)

**U.S. DEPARTMENT OF AGRICULTURE**  
Commodity Credit Corporation

1. STATE AND COUNTY CODE	2. FARM NO.	3. PROGRAM YEAR
4. REASON FOR REDUCTION OF BASE ACRES		
<input type="checkbox"/> CRP Enrollment		
<input type="checkbox"/> Other _____		

**VOLUNTARY PERMANENT BASE ACRE REDUCTION**

**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 1412, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Agriculture Act of 2014 (Pub. L. 113-79). The information will be used to process a request for a permanent reduction of the base acres established for identified crops. The information collected on the 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 an inability to process a request for a permanent reduction of the base acres established for identified crops.*

*This information collection is exempted from the Paperwork Reduction Act, as it is required for administration of the Agriculture Act of 2012 (Pub. L. 113-79), Title 1, Subtitle F – Administration.*

*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.*

**PART A - REQUEST**

The undersigned requests a permanent reduction of the base acres established for the following crop(s) for the farm identified in Item 2 above.

5. TRACT NO.	6. COMMODITY	7. YIELD	8. BASE ACRES ON TRACT BEFORE REDUCTION	9. BASE ACRES ON TRACT TO BE REDUCED	10. BASE ACRES ON TRACT AFTER REDUCTION (Column 8 MINUS Column 9)
			-	=	
			-	=	
			-	=	
			-	=	

11. Total Base Acres to be Reduced (Total of Column 9)	
12. Total Base Acres on Farm Before Reduction	13. Total Base Acres on Farm After Reduction (Item 12 minus Item 11)

14A. Requestor's Signature (By)	14B. Title/Relationship (of the individual signing in the Representative Capacity)	14C. Date (MM-DD-YYYY)
15A. Owner's Signature (By)	15B. Title/Relationship (of the individual signing in the Representative Capacity)	15C. Date (MM-DD-YYYY)
16A. Owner's Signature (By)	16B. Title/Relationship (of the individual signing in the Representative Capacity)	16C. Date (MM-DD-YYYY)

17. REMARKS (If the base acres are being reduced because of cropland enrollment into CRP, enter the CRP-1 number and the effective date of CRP-1).

**PART B- APPROVAL (COUNTY OFFICE USE ONLY)**

18. REDUCTION IS:  APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>	19. COUNTY FSA OFFICE NAME AND ADDRESS (Including Zip Code)
20. COC'S SIGNATURE	TELEPHONE NUMBER (Area Code):
DATE (MM-DD-YYYY)	

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