# Instructions for FSA-620

# *Pandemic Livestock Indemnity Program Application (PLIP)*

### Producers will need to complete FSA-620 to apply for PLIP program benefits.

**Producers may submit the FSA-620 by any of the following methods:**

* **In person**
* **Email**
* **FAX**
* **Mail**
* **Online for individuals with Level 2 eAuthentication**

**Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that (1) the customer submitting the form is the only person required to sign the transaction, or (2) the customer has an approved Power of Attorney (Form FSA-211) on file with USDA to sign for other customers for the program and type of transaction represented by this form.**

**Features for transmitting the form electronically are available to those customers with access credentials only. To establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.**

***Producers must complete Part B, item 5, Part C items 6 and 7, Part D item 9, and Part E.***

***FSA employees will complete fields noted as “COC Use Only”.***

| Item No./Field Name | Instruction |
| --- | --- |
| **For COC Use Only** | |
| 1  Recording State Name | Enter the producer’s recording State. |
| 2  Program Year | The program year will be 2020. |
| 3  Recording County Office | Enter the producer’s recording county. |
| 4  Application Number | Enter application number.  **Note:** This number is assigned by the automated system. |
| ***Part A – Producer Agreement***   |  | | --- | | ***Part A – Producer Agreement*** | | Applicants who are an individual person must complete automated CCC-902 or manual CCC-902, Parts A and B, and provide name, address, taxpayer identification number, and citizenship status.  Applicants who are a legal entity, including General Partnership or Joint Venture, must complete automated CCC-902 or manual CCC-901 and provide the name, address and taxpayer identification number for the legal entity and all members, partners or stockholders with an ownership interest.  All applicants must submit CCC-941. |   ***Part B - Producer Information*** | |
| 5A.  Producer Name and Address | Enter the following information:   * Producer name * Producer address, including ZIP code. |
| 5B.  Producer Phone Number (Including Area Code) | Enter the producer’s phone number, including area code. |
| **Part C – Livestock Depopulated** | |
| 6  Livestock Kind/Type/Weight Range | Displays the eligible livestock by kind, type and weight range.  The eligible livestock kind/types and weight ranges for Part C are:  Swine: boars and sows; 450 lbs. or more  Swine: sows, boars, barrows, and gilts; 251-450 lbs.  Swine: sows, boars, barrows, and gilts; 151-250 lbs.  Swine: lightweight barrows and gilts; 50-150 lbs.  Swine: suckling nursery pigs; less than 50 lbs.  Chickens: broilers/layers; chicks  Chickens: pullets, Cornish hens; less than 4.26 lbs.  Chickens: broilers, pullets; 4.26-6.25 lbs.  Chickens: roasters; 6.26 - 7.75 lbs.  Chickens: super roasters/parts; 7.76 lbs. or more  Chickens: layers  Turkeys: poults  Turkeys: toms, fryers, and roasters |
| 7  Number of Livestock Depopulated (Between March 1, 2020 and December 27, 2020) | Enter the number of livestock depopulated between March 1, 2020, and December 27, 2020, for the livestock entered in item 6, if applicable. |
| 8  Adjusted Number Depopulated  **COC Use Only** | COC may enter the adjusted total livestock depopulated between March 1, 2020, and December 27, 2020, if applicable.  **Note:** An entry is only required when COC determines the number of livestock depopulated is different than what is certified to by the producer in item 7. |
| ***Part D – Reductions***   |  |  | | --- | --- | | 9  Amount received from disposal of livestock, listed in item 7, from 2020 EQIP and/or a state-funded program. | Enter the amount of payments received for disposal of livestock depopulated, as listed in item 7, from 2020 EQIP and/or a state-funded program. |   ***Part E – Producer Certification*** | |
| 10.Eligible Producer Certification | Producer applying for PLIP benefits must check the applicable box. |
| 11A  Producer’s Signature | Producer applying for PLIP benefits must sign.  Not sure we need this: If you are mailing or faxing this form, print the form and manually enter your signature. If you have established credentials with USDA to submit forms electronically, your transmission is certification you have reviewed and agree to the conditions listed, use the buttons provided on the form for transmitting the form to the USDA servicing office. Presently, eForms can support only one signature per submission. |
| 11B  Title/Relationship of Individual Signing in the Representative Capacity | Enter title and/or relationship to the individual when signing in a representative capacity.  **Note:** If the producer signing is not signing in a representative capacity, this field should be left blank. |
| 11C  Date | Enter the date FSA-620 is signed in item 11A. |
| ***Part F – COC Determination (COC Use Only)*** | |
| 12  COC or Designee Signature | COC or their representative will sign. |
| 13  Date | Enter the date COC or their representative signs FSA-620. |
| 14  Action | COC or their representative will check either “Approved” or “Disapproved”.  **Important:** FSA-620 will be approved or disapproved as certified by the producer after applicable COC adjustment fields are completed. |