

**\*-- 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. <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. <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.  <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**