# Instructions for CCC-860

# *SOCIALLY DISADVANTAGED, LIMITED RESOURCE, BEGINNING, AND VETERAN FARMER OR RANCHER CERTIFICATION*

### This form is to be used by FSA customers to certify that they or the entity or joint operation:

### are a member (or if applicable members) of a socially disadvantaged group

### qualify as limited resource FSA producer(s)

### are beginning farmer(s) or rancher(s)

### are veterans

**Submit the original of the completed form in hard copy or facsimile to the appropriate USDA Farm Service Agency servicing office.**

***Producers must complete all Items as applicable.***

| Item No./Field Name | Instruction |
| --- | --- |
| 1ACounty FSA Office Name and Address  | Enter the name and address *(including Zip Code)* of the servicing County FSA Office. |
| 1BTelephone Number | Enter the telephone number *(including Area Code)* of the servicing County FSA Office. |
| 1CProgram Year | Enter the program year for which the certification is being filed.**Note:** Socially disadvantaged certification is valid indefinitely. Limited resource certification must be filed annually. Beginning farmer or rancher and veteran farmer or rancher certifications are valid until applicable 10-year periods have expired**.**  |
| 2Applicant’sName and Address | Enter the name and address of applicant. |

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| Item No./Field Name | Instruction |
| 3Certification of Socially….. | Applicant shall check the appropriate check boxes in Item 3 to certify that they or the entity or joint operation they represent qualify as “Socially Disadvantaged Farmer or Rancher.” |
| 4Certification of Limited…… | Applicant shall check the box in Item 4 to certify that they or the entity or joint operation they represent qualify as a “Limited Resource Farmer or Rancher” as defined on the back of this form. |
| 5Certification of Beginning Farmer or Rancher | Applicant shall check the box in Item 5 to certify that they or the entity or joint operation they represent qualify as a “Beginning Farmer or Rancher” as defined on the back of this form. Applicant shall also enter month and year they or the entity or joint operation they represent began farming. |
| 6Certification of Veteran Farmer | Applicant shall check the appropriate check boxes in Item 6 to certify that they or the entity or joint operation they represent qualify as a “Veteran Farmer or Rancher” as defined on the back of this form.  |
| 7AApplicant’s Signature | Applicant shall sign to validate certification. |
| 7BTitle/Relationship of the Individual Signing in a Representative capacity | Person signing Item 7A must complete this item if one of the following applies:* they are someone other than the individual identified in Item 2

 * the member is a legal entity or joint operation
* the title must show that the person signing has signature authority to bind the entity.
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| 7CDate Signed | Applicant shall enter date *(MM-DD-YYYY)* the form was signed in Item 7A.  |