

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
1A County FSA Office Name and Address	Enter the name and address (<i>including Zip Code</i>) of the servicing County FSA Office.
1B Telephone Number	Enter the telephone number (<i>including Area Code</i>) of the servicing County FSA Office.
1C Program 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.
2 Applicant's Name and Address	Enter the name and address of applicant.

Item No./Field Name	Instruction
3 Certification 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.
4 Certification 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.
5 Certification 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.
6 Certification 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.
7 Opt Out of NAP Coverage	Applicant may elect to not participate in NAP coverage by entering a check mark in the box provided which states: I elect to opt out of NAP coverage.
8A Applicant's Signature	Applicant shall sign to validate certification.
8B Title/ Relationship of the Individual Signing in a Representative capacity	<p>Person signing Item 7A must complete this item if one of the following applies:</p> <ul style="list-style-type: none"> ⌋ 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.
8C Date Signed	Applicant shall enter date (MM-DD-YYYY) the form was signed in Item 7A.