**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. |
| 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. |
| 8AApplicant’s Signature | Applicant shall sign to validate certification. |
| 8BTitle/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. |
| 8CDate Signed | Applicant shall enter date *(MM-DD-YYYY)* the form was signed inItem 7A. |