

## 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.***

<b>Item No./Field Name</b>	<b>Instruction</b>
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.  <b>Note:</b> 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"> <li>⎋ they are someone other than the individual identified in Item 2</li> <li>⎋ the member is a legal entity or joint operation</li> <li>⎋ the title must show that the person signing has signature authority to bind the entity.</li> </ul>
8C Date Signed	Applicant shall enter date ( <i>MM-DD-YYYY</i> ) the form was signed in Item 7A.