FSA-2003
(02-16-22)

U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency

Position 3

(02-16-22)

THREE-YEAR PRODUCTION HISTORY

NOTE: FORM IS NOT REQUIRED. Applicant may submit alternate documents that provide the information collected on this form.

	NOTE. 1 ONW 10 NOT NEWOINED. Applicant may submit alternate documents that provide the information confected on this form.								
1. Dairy Cows: a	1. Name								
a. Herd Number b. Lbs. of Milk Sold c. Average Production Per Cow d. Calves Sold e. Calves Average Sale Weight f. Number of Cows Culled B. HVESTOCK AND POULTRY PRODUCTION 1. Livestock Type: a. Units Raised b. Units Purchased c. Total Units d. Units Sold e. Death Loss f. Purchase Weight g. Sales Weight 2. Livestock Type: h. Units Rouchased i. Units Purchased i. Units Purchased 3. Total Units k. Units Sold l. Death Loss m. Purchase Weight 3. Livestock Type: 0. Units Raised i. Units Purchased j. Total Units k. Units Sold l. Death Loss m. Purchase Weight 3. Livestock Type: 0. Units Raised 0. Units Raised 0. Units Purchase Weight 1. Sales Weight 3. Livestock Type: 0. Units Raised 0. Units Raised 0. Units Raised 0. Units Raised 0. Units Purchase Weight 0. Sales Weight 0. Sales Weight 0. Units Purchased 0. Units Raised 0. Units Purchased 0. Units Raised 0. Units Purchased 0	A. DAIRY PRODUCTION								
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b. Acres c. Average Yield 2. Crop: Unit: a. Total Yield	a Total Vield	ı							
c. Average Yield 2. Crop: Unit: a. Total Yield									
2. Crop: Unit: a. Total Yield									
a. Total Yield									
	2. Grop:	Unit:							
	a. Total Yield								
<u> </u>									
c. Average Yield									

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C. CROP PRODUCTION (Continued from Page 1)										
				20	_	20		20		
3. Crop	o:	Unit:								
a. To	otal Yield									
b. Ad	cres									
c. Av	verage Yield									
4. Crop		Unit:								
a. To	otal Yield	•								
b. Ad	cres									
c . A	verage Yield									
5. Crop		Unit:								
a. To	otal Yield	•								
b. Ad	cres									
c. Av	verage Yield									
6. Crop	D:	Unit:								
a. To	otal Yield	-								
b. Ad	cres									
c. Av	verage Yield									
	TENTIAL PURCHASERS THIS	IS A LIST OF PURC	CHASERS	WHO WILL C	OR HAVE	BOUGHT F	ARM PROD	UCTS FROM ME.		
1A. Farm Product 1B. Past/		Potential F	otential Purchaser			1C. Purchaser's Address				
E. SIG	NATURE									
	ly that the information is true, co									
	of Title 18, United States Code pr					lse statemei	ıts. If any in	formation is found to		
be false or incomplete such funding may be grounds for 1A. Signature		ly de grounds for dei	1B. Title		1C. Date (MM-DD-YYYY)					
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a – as amended. The authority for requesting the information identified on this form is the Consolidated Farm and Rural Development Act, as amended (7 U.C.C. 1921 et seq.). The information will be used to determine eligibility and feasibility for loans and loan guarantees. The information collected on this form may be disclosed to other Federal, State, and local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in the applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is o560-0237. The time required to complete this information collection is estimated to average 45 minutes per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing the collection of information. RETURN THIS										
	response, including the time for reviewing instr	uction, searching existing data	sources, gather	ring and maintaining	the data need	ded, and completi	ig the collection of	information. RETURN THIS		

COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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