OMB Approved No: 0560-0316
OMB Expiration Date: XX/XX/XXXX

FSA-524-C
(XX-XX-XXXX)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

ERP 2022
DE MINIMIS REVENUE LOSS CERTIFICATION FOR UNINSURED/UNCOVERED CROPS

FOR COUNTY OFFICE USE ONLY	
1. Recording State *Name* *Code*	2. Recording County *Name* *Code*
3. FSA-524 Program Year 2022 Application Number	4. FSA-524 Program Year 2022A Application Number

INSTRUCTIONS: Return this form to your Recording County FSA Office.

PART A – PRODUCER INFORMATION

5. Applicant's Name *(Person or Legal Entity)*			6. Information Line
7A. Address Line 1			8A. Primary Phone Number ☐ Home ☐ Cell
7B. Address Line 2			8B. Alternate Phone Number ☐ Home ☐ Cell
7C. City	7D. State	7E. Zip	9. Email Address

PART B – PRODUCER CERTIFICATION

I certify that the total revenue losses for eligible crops that were not covered by Federal crop insurance or the Noninsured Crop Disaster Assistance Program do not exceed ten percent of the total revenue loss for all eligible crops as certified on FSA-524.

I acknowledge that all information provided to FSA for ERP 2022 payment calculation purposes, including the certification that revenue losses for uninsured or uncovered crops do not exceed ten percent of the total revenue loss for all eligible crops included on the FSA-524, is subject to verification through spot check.

I understand that this certification is made under penalty of perjury pursuant to 28 U.S.C. § 1746 and 18 U.S.C. § 1621, and that all information provided on this form, whether entered by me or on my behalf, is true and correct. I further acknowledge that any errors in the information provided may result in my ineligibility for all or part of my ERP 2022 Track 2 payment.

10A. Producer's Signature	10B. Title/Relationship of Representative	10C. Date *(MM/DD/YYYY)*

DATE STAMP

Privacy Act Statement: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is the Consolidated Appropriations Act, 2023 (P.L. 117–328), as amended by the Full-Year Continuing Appropriations and Extensions Act, 2025 (P.L. 119-4). The information will be used to determine eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, 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 applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits.*

Public Burden Statement (Paperwork Reduction Act): *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 0560-0316. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden by emailing to: askusda@usda.gov (OMB NO. 0560-0316).*

Non-Discrimination Statement: *In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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