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**CCC-732**  
(02-24-04)

**U.S. DEPARTMENT OF AGRICULTURE**  
Commodity Credit Corporation

## CMA, DMA, OR LSA PRODUCER PAYMENT LIMITATION REQUEST

**NOTE:** The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. 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.

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is 7 CFR Parts 1421, 1425 and 1427. The information will be used to request increases in a producer's payment limitation. It is also used by the producer's control County Office to document changes to a producer's payment limitation for a CMA, DMA or LSA. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in loss of program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

1. Date (MM-DD-YYYY):	
2. Name of Control County Office: (Enter the State name, County name, State and County Code of the applicable control County Office)	
3. From: (CMA's, DMA's or LSA's name)	
4. Producer's name:	
5. ID:	
6. ID type and entity type:	
7. Combined producer account number, if applicable:	
8. Crop year:	
9. Current payment limitation:	\$
10. Requested payment limitation:	

11. We are hereby requesting the payment limitation for the producer shown above.

CMA/DMA's/LSA's Signature:

Date: (MM-DD-YYYY)

12. Revised Payment limitation is:

13. County Office approval and date for Revised Payment Limitation:

YES  NO

Signature:

Date: (MM-DD-YYYY)

14. REMARKS:

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