

This form is available electronically.

CCC-883 (09-21-04) SEED COTTON REMOVAL, GINNING AND MARKETING AUTHORIZATION	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	INSTRUCTIONS TO PRODUCER Execute original and two copies. Return original to County Office immediately. Give copy to ginner.	INSTRUCTIONS TO GINNER Complete Item 10 and return to County Office immediately after cotton is ginned.

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 15 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 this information is the Agricultural Act of 1949, as amended, and regulations (7 CFR Part 1421). The information will be used to determine eligibility for seed cotton loan program benefits. Furnishing the information is voluntary, however, without it, eligibility for seed cotton loan program benefits may not be able to be determined. This information may be provided to the USDA agencies, IRS, the Department of Justice, other governmental agencies, other State or 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. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE**

1. NAME AND ADDRESS OF PRODUCER (Include street, city, state, and Zip)	2. STATE AND COUNTY CODES	3. LOAN NUMBER
	4. CROP YEAR	5. TYPE OF COTTON

6. PRODUCER'S REQUEST

I hereby request authority with respect to the above loan, to remove the quantity of seed cotton described in Item 7C from the storage location shown in Item 7A. I agree that this seed cotton will be removed from storage and either (1) sold as seed cotton or (2) ginned and the resulting lint cotton sold or pledged to CCC as security for a loan. I agree that this authorization will not release CCC's security interest in such cotton and will release me from my liability for the amount due on the loan thereon only to the extent that actual payment is received by CCC. I agree that is the seed cotton is removed from storage, the loan thereon, plus interest and charges, will be satisfied not later than (1) the date this authorization expires in Item 6A, (2) promptly after the cotton is ginned and the producer receives the class cards, and warehouse receipts, if the cotton is delivered to a warehouse, covering such cotton, or (3) the loan maturity date, whichever is the earliest. I agree that if the seed cotton or lint cotton is sold, the loan, interest, and charges will be paid immediately. Payment shall be made to the County Office shown in Item 9D in the amount specified in Item 8.

A. THIS AUTHORIZATION EXPIRES ON: (MM-DD-YYYY)	B. PRODUCER'S SIGNATURE	DATE (MM-DD-YYYY)

7. Seed Cotton Released

SEAL NUMBERS	A. ADDRESS OF STORAGE LOCATION	QUANTITY IN POUNDS
	B. MORTGAGED QUANTITY BEFORE THIS RELEASE.	
	C. MORTGAGE QUANTITY AUTHORIZED FOR REMOVAL.	
	D. MORTGAGED QUANTITY REMAINING IN STORE UNDER LOAN.	

8. Repayment Amount

A. IF REPAYMENT IS RECEIVED ON (Date): (MM-DD-YYYY)	B. REPAYMENT IS (Amount): \$	C. If repayment is NOT made on the date shown, adjust the repayment for each day for interest.	D. DAILY INTEREST AMOUNT \$
--	---------------------------------	--	--------------------------------

NOTE: Make check payable to CCC and deliver to the County FSA Office named below to be received by the date this authorization expires.

9. Removal Authorization

A. FOR CCC BY:	D. NAME AND ADDRESS OF COUNTY FSA OFFICE
B. DATE OF AUTHORIZATION (MM-DD-YYYY)	C. DATE REQUEST RECEIVED BY PHONE (MM-DD-YYYY) Telephone Number (Include Area Code):

10. To Be Completed By Ginner

I certify that the following bales were produced from the quantity of cotton released in Item 7C.

A. LIST GIN BALE NUMBER(S)	
B. GINNER'S SIGNATURE	DATE (MM-DD-YYYY)

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326- W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.