

FSA-383

(08-20-02)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

**LAMB MEAT ADJUSTMENT ASSISTANCE PROGRAM (LMAAP) PAYMENT
APPLICATION (YEAR 2, YEAR 3, OR YEAR 4)**

(See Page 3 for Privacy Act and Public Burden Statements.)

Part A - General Information

1. Name of Sheep and Lamb Operation <i>(Prepare 1 application per sheep and lamb operation per marketing period)</i>	2. State Code	3. County Code	4. Program Year	5. Application Number
6. Contact Producer's Name and Address <i>(Including ZIP Code)</i>		7. Name and Address of County FSA Office <i>(Including ZIP Code)</i>		
Telephone Number <i>(Including Area Code):</i>		Telephone Number <i>(Including Area Code):</i>		

Part B - Slaughter Lamb Eligibility Determinations. (Complete this section only if applying for a slaughter lamb payment). (If your answer is "NO" to questions 8, 9, or 10, you are ineligible for a slaughter lamb payment and you should not complete or submit this form for a slaughter lamb payment.)

	YES	NO
8. Did the sheep and lamb operation market slaughter lambs anytime during the period of August 1, 2000, through July 31, 2003?		
9. Did the sheep and lamb operation own the slaughter lambs for at least 30 days before marketing the lambs?		
10. Did the sheep and lamb operation have the marketed slaughter lambs evaluated and certified by a USDA Agricultural Marketing Service (AMS) agent or their assigned representative at the slaughter facility?		
11. Did the sheep and lamb operation market slaughter lambs during the period of June 1 through July 31 of Program Year 2, Year 3, or Year 4?		
12. Were your slaughter lambs commingled on a pooled truckload with other producers' lambs for transport to a slaughter facility from a lamb sale? (If "YES," complete Part C. If "NO," proceed to Part I.)		

Part C - Slaughter Lamb Sale Information Certification. (To be completed by the purchasing representative at the lamb sale ONLY if purchasing slaughter lambs that will be commingled with other producers' lambs on a pooled truckload for transport to a slaughter facility). (NOTE: FSA is not responsible for the delivery, transfer, or receipt of this form from the seller to the slaughter facility.)

13. Location of Lamb Sale	14. Name and Address of Slaughter Facility <i>(Including ZIP Code)</i>		
15. Name of Buyer <i>(If different from slaughter facility).</i>	16. Date of Lamb Sale <i>(MM-DD-YYYY)</i>	17. Number of Head Taken to Slaughter Facility that belong ONLY to the operation listed in Part A.	18. Total Head in Lot
19. The undersigned certifies that all information contained in this part is true and correct.			
19A. Signature of Purchasing Representative		19B. Date <i>(MM-DD-YYYY)</i>	

FOR USE BY SLAUGHTER PLANT REPRESENTATIVE ONLY

20. Assigned Lot Number	21. QUALIFYING PERCENTAGE %
-------------------------	--------------------------------

Part D - USDA AMS Agent Slaughter Lamb Criteria Certification. (To be completed by an USDA AMS agent or their assigned representative ONLY, prior to submitting application). (Complete this part and enter qualifying total head in Part H.)

	YES	NO
22. Were the slaughter lambs USDA Quality Grade Choice or Prime?		
23. Were the slaughter lambs USDA Yield Grade 2?		
24. Did the slaughter lambs have a muscling confirmation score of Average Choice or better?		
25. Did the slaughter lamb carcass have a 55 to 75 pound dressed hot carcass weight?		
26. Name of AMS Agent or Representative (Please Print Clearly)		
27A. Signature of AMS Agent or Representative	27B. Title	27C. Date <i>(MM-DD-YYYY)</i>

Part E - Feeder Lamb Eligibility Determination. (Complete this part ONLY if applying for a feeder lamb payment). (If your answer is "NO" to questions 28, 29, or 30 you are ineligible for a feeder lamb payment and you should not complete or submit this form for a feeder lamb payment.)

	YES	NO
28. Did this sheep and lamb operation market feeder lambs anytime during the period of August 1, 2000, through July 31, 2003?		
29. Did this sheep and lamb operation own the feeder lambs continuously from birth until the lambs were marketed?		
30. Were the feeder lambs marketed during the period of August 1, 2000, through July 31, 2003, thick-muscled and large-framed according to Agricultural Marketing Service (AMS) standards?		
31. Is your sheep and lamb operation self-certifying the marketed feeder lambs? (If "YES", enter the total of qualifying feeder lambs in Item 43, complete Part K on Page 4, and FAX Page 4 ONLY to AMS at the number indicated before the sale of the feeder lambs and at least 2 working days (not including weekends or holidays) prior to 24-hour viewing opportunity. If "NO" Part F must be completed by a USDA AMS agent or their assigned representative before submitting this application and the producer may proceed to Part I).		

Part F - USDA AMS Agent Feeder Lamb Criteria Certification. (To be complete by USDA AMS agent or their assigned representative ONLY, prior to submitting application). (Complete this part and enter qualifying head of lamb in Part H, Item 43.)

	YES	NO
32. Were the feeder lambs evaluated thick-muscled and large framed, as determined by AMS?		
33. Name of AMS Agent or Representative (Please Print Clearly)		
34A. Signature of AMS Agent or Representative	34B. Title	34C. Date (MM-DD-YYYY)

Part G - Ewe Lamb Eligibility Determination. (Complete this part for ewe lamb payment ONLY). (If your answer is "NO," to question 35 or if your answer is "YES" to questions 36 or 38, you are ineligible for a ewe lamb payment and you should not complete or submit this form for a ewe lamb payment.)

	YES	NO
35. Did the sheep and lamb operation purchase or retain ewe lambs not older than 18 months of age for breeding purposes during the period from August 1, 2001 to July 31, 2003?		
36. Did the ewe lambs purchased or retained produce an offspring?		
37. Have the ewe lambs been identified through the Voluntary Scrapie Flock Certification Program or the Scrapie Eradication Program, as described in 9 CFR Part 79, and in accordance with the State identification requirements?		
38. Do the qualifying ewe lambs possess any of the following characteristics:		
A. Parrot Mouth.		
B. Foot Rot.		
C. Scrapie.		
39. Do you understand that the sheep and lamb operation must retain qualifying ewe lambs in this herd for a least one complete offspring lambing cycle?		
40. Do you understand that the sheep and lamb operation must retain documentation of any death loss of qualifying ewe lambs?		

Part H - Slaughter Lamb, Feeder Lamb, and Ewe Lamb Totals

	Number of Head
41. Number of head of qualifying slaughter lambs marketed during the period of August 1 through May 31 of Program Year 2, Year 3 or Year 4.	
42. Number of head of qualifying slaughter lambs marketed during the period of June 1 through July 31 of Program Year 2, Year 3 or Year 4.	
43. Number of head of qualifying feeder lambs marketed during the period of August 1 through July 31 of Program Year 2, Year 3 or Year 4.	
44. Number of head of qualifying ewe lambs purchased or retained during the period of August 1 through July 31 of Program Year 3, or Year 4.	

Part I - Producer Certification

I certify that all the information entered on this application in Parts A, B, E, G, and H, pertaining to my application for a slaughter, feeder, or ewe lamb payment, is true and correct and all persons involved in this operation has submitted the number of qualifying feeder, slaughter, or ewe lambs in the operation. I also certify that my sheep and lamb operation is engaged in the business of producing and marketing agricultural products. To ensure that all program eligibility requirements are met for this sheep and lamb operation, I understand that my sheep and lamb operation may be selected for spot check. If my sheep and lamb operation is selected for spot check, I may be required to provide any information that may be required to determine program eligibility. Providing a false certification to the Government is punishable by imprisonment, fines, or other penalties. All information provided herein is subject to verification by the Farm Service Agency. The provision of criminal and civil fraud statutes that apply to this certification, includes 18 USC 286, 297, 371, 641, 651, 1001 and 1014; and 15 USC 714m; and 31 USC 3729.

45. I certify that: **(Feeder Lamb Producers ONLY must check the appropriate box below before signing this application.)**

More than 50 percent of my gross annual revenue (receipts) is received from farming and ranching operations and that my gross annual revenue (receipts) from these operations is not in excess of \$2.5 million.

Fifty percent or less of my gross annual revenue (receipts) is received from farming and ranching operations and that my gross annual revenue (receipts) from all agriculture and nonagricultural sources is not in excess of \$2.5 million.

46. Producer's Signature	47. Producer's ID Number	48. Date (MM-DD-YYYY)	49. Share

Part J - COC Determination

50A. Name of COC Designee

50B. Signature of COC Designee

50C. Title

50D. Date (MM-DD-YYYY)

51. Application Status (Check appropriate box below:)

Approved Disapproved

52. Remarks

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority requesting the following information is authorized by the Agricultural Adjustment Act of August 24, 1935 (7 USC 612c). The information will be used to establish eligibility and determine payment amounts for sheep and lamb operations in the United States. Failure to furnish the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility. 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.

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 0560-0205. The time required to complete this information collection is estimated to average 10 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. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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.

Part K - Notification Sheet: Location of Self-Certified Feeder Lambs

Feeder Lamb Producers ONLY, who choose to self-certify feeder lambs must FAX this page ONLY at least 2 Working Days (not including weekends or holidays) prior to a 24-hour viewing opportunity to: (202) 720-1112.

NOTE: ONLY submit this page (Page 4) by FAX for notification of self-certified feeder lambs. DO NOT submit pages 1 through 3 by FAX.

53. Check this box if you are self-certifying your whole lot of feeder at one time:

54. Seller's Name		55. Seller's Telephone Number <i>(Including Area Code)</i>	
56. Date USDA Notified <i>(MM-DD-YYYY)</i>		57A. Number of Lambs Self-Certified by Producer	57B. Ear Tag Numbers <i>(If Applicable)</i>
58. Address Where Self-Certified Lambs Can be Viewed for Verification		59. Name of Contact Person Where Lambs Are to be Viewed	
60. Contact Person's Telephone Number <i>(Including Area Code)</i>		61. Specify Date(s) When Lambs Will be Available for Viewing by USDA Representative <i>(MM-DD-YYYY)</i>	
62. Address of Producer or Self-Certifier			
63. Remarks			
64A. Signature of the Producer			64B. Date <i>(MM-DD-YYYY)</i>