

AD-1026B (02-06-12) U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency HIGHLY ERODIBLE LAND CONSERVATION EXEMPTION REQUEST	1A. STATE NAME 1B. COUNTY NAME
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NOTE: *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 7 CFR Part 12, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to process a producer request to receive an exemption for highly erodible land conservation provisions under USDA programs. The information collected on the 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 an inability to process a producer request to receive an exemption for highly erodible land conservation provisions under USDA programs.*

*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 0560-0185. 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. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

PART A – PRODUCER'S REQUEST

2A. NAME AND ADDRESS OF PRODUCER (Including Zip Code)	3. IDENTIFICATION NUMBER (Last 4 Digits)	4. FARM NUMBER
2B. TELEPHONE NO. OF PRODUCER (Area Code):	5. CROP YEAR	6. CROPLAND ACRES

7. REASON FOR HELC EXEMPTION REQUEST: (Describe in detail the conservation measures required that will not be applied and the reasons they will not be applied.)

8A. SIGNATURE OF PRODUCER (BY)	8B. TITLE/RELATIONSHIP OF THE INDIVIDUAL IF SIGNING IN A REPRESENTATIVE CAPACITY	8C. DATE (MM-DD-YYYY)
9A. SIGNATURE OF LANDLORD (BY)	9B. TITLE/RELATIONSHIP OF THE INDIVIDUAL IF SIGNING IN A REPRESENTATIVE CAPACITY	9C. DATE (MM-DD-YYYY)
		FOR FSA USE ONLY
		10. REFERRED TO NRCS (MM-DD-YYYY)

PART B - TO BE COMPLETED BY NRCS

	YES	NO
11. Was a conservation plan timely obtained by the producer?	<input type="checkbox"/>	<input type="checkbox"/>
12. Describe structural measures required that have not been applied according to the plan:		
13. Describe planting practices that are required according to the plan:		
14A. SIGNATURE OF NRCS EMPLOYEE	14B. DATE (MM-DD-YYYY)	

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PART C – TO BE COMPLETED BY THE COUNTY COMMITTEE

15. Exemption is granted for application of the following structural measures required by the conservation plan that the landlord refuses to allow that were specifically stated in the producer's request: *(Describe precisely the structural measures required by the plan that will be exempt from the requirement for the producer's eligibility on other farms and the reasons why.)*

16. Exemption request is not granted by the County Committee for the following structural or planting practices required by the plan that were specifically stated in the producer's request. *(Describe the reasons why.)*

17. Exemption is recommended for State Committee approval for landlord refusal to allow application of the following planting practices required by the conservation plan that were specifically stated in the producer's request. *(Describe the reasons why.)*

18A. SIGNATURE OF COUNTY COMMITTEE REPRESENTATIVE	18B. DATE (MM-DD-YYYY)	19. DATE REFERRED TO STO <i>(Refer if practices are entered in Item 17) (MM-DD-YYYY)</i>
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PART D – TO BE COMPLETED BY STATE COMMITTEE

20. The STC **concurs with the exemption recommendation** by the COC for application of the following planting practices that the landlord refuses to allow: *(Describe the reasons why)*

21. The STC **does not concur with the exemption recommendation** by the COC for the following measures, and therefore an exemption is not granted for the following planting practices: *(Describe the reasons why.)*

22A. SIGNATURE OF STATE COMMITTEE REPRESENTATIVE	22B. DATE (MM-DD-YYYY)	23. DATE RETURNED TO COF (MM-DD-YYYY)
24. DATE PRODUCER NOTIFIED (MM-DD-YYYY)	25. DATE FINAL TO STO (MM-DD-YYYY)	26. DATE COPY TO PECD (MM-DD-YYYY)