This form is available electronically. *See Page 2 for Privacy Act and Paperwork Reduction Act Statements.*

CCC-452 (06-14-19)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

NAP ACTUAL PRODUCTION HISTORY AND APPROVED YIELD RECORD FOR 2019 AND SUBSEQUENT YEARS

1. Crop Year	2. Unit No.

PART A - GENERAL INFORMATION

3A. Producer(s) Name	3B. Telephone Number *(Include Area Code)*	3C. Identification Number *(Last 4 Digits)*
(1)		
(2)		
(3)		
(4)		
(5)		

4. Spotcheck Required?	5A. County FSA Office Name	5B. State and County Codes	6. Native Sod Conversion?
☐ YES ☐ NO			☐ YES ☐ NO

PART B- UNIT AND CROP IDENTIFICATION

7. Crop Name	8. Crop Type	9. Intended Use	10. FSA Practice ("I" for Irrigated or "N" for Nonirrigated)	11. Planting Period	12. Organic Status	13. Unit of Measure
					☐ Conventional ☐ Transitional ☐ USDA Certified	

14. Do Yield Limitation Rules Apply?	15. County Expected Yield/T-Yield	16. If Applicable, COC Adjusted T-Yield and Reason Code *(COC Use Only)*			
		16A. Adjusted Yield	16B. Reason Code: *(Check One)*		16C. Date of COC Minutes
☐ YES ☐ NO			☐ Inconsistent farming/management practices ☐ Age of stand/trees ☐ Multiple County T-Yield Variations	☐ Topography ☐ Soil Type ☐ Elevation	

PART C - ACTUAL PRODUCTION HISTORY

17. APH Crop Year	18. Eligible Disaster? YES	18. Eligible Disaster? NO	19. Acres Planted	20. Actual Production	21. Record Type 1/	COC USE ONLY 22. Yield	COC USE ONLY 23. Yield Type 2/
	☐	☐					
	☐	☐					
	☐	☐					
	☐	☐					
	☐	☐					
	☐	☐					
	☐	☐					
	☐	☐					
	☐	☐					
	☐	☐					

PART D - APPROVED YIELD *(COC USE ONLY)*

24. Total Yield (Item 22)	25. No. of APH Crop Years (Item 17)	26. Calculated Yield	27. Prior Crop Year Approved Yield	28. Cup Percentage	29. Yield Cup	30. If Item 14 is:
divided by	=		x	=		A. YES, enter the higher of Item 26 or Item 29 B. NO, enter amount from Item 26

1 / RECORD TYPES:

1 - Production sold/commercial storage
2 - On farm storage, measurement
3 - Livestock feeding records
4 - Appraisal
5 - Other - Identify in Item 31, Remarks

2 / YIELD TYPES:

A - Actual yield
B - Bypass Year
C - Added practice/type/intended use/planting period/unit
E - 80% of T-yield
I - 100% of T-yield for new producer of crop
N - 90% of T-yield
O - Zero credited yield
P - 75% of previous year approved yield
R - Replacement yield
S - 65% of the T-yield
T - 100% of the T-yield
U - Substitute yield
V - Substitute yield
Z - Zero acres planted

PART E - REMARKS AND ACTUAL INFORMATION

31. Remarks

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 the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Agriculture Improvement Act of 2018 (Pub. L. 115-334), and 7 CFR Part 1437. The information will be used to determine eligibility to participate in and receive benefits under the Noninsured Crop Disaster Assistance Program (NAP). 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 to participate in and receive benefits under the Noninsured Crop Disaster Assistance Program (NAP).*

Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 7 U.S.C. 9091(2)(c)(B).
RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

PART F- PRODUCER'S CERTIFICATION

I hereby certify that the information included on this form includes a complete and accurate record of actual production history. The production history is accurately identified to the unit, crop and crop years shown. I understand that the information on this form spot checked and failure to certify accurately may result in a loss of program benefits. Additionally, I direct the purchaser, operator, ginner, or any person who otherwise stores or purchases crop production identified on this form to disclose those purchase records of the identified crop to USDA representatives for the purpose of verification of production. I understand that payment yield may be different than the approved yield if the unit acreage increases or plant density changes.

32A. Signature of Producer (By)	32B. Title/Relationship of the Individual Signing in a Representative Capacity	32C. Date *(MM-DD-YYYY)*

33A. Signature of COC Representative	33B. Date *(MM-DD-YYYY)*	33C. County FSA Office Name and Address Telephone No. *(Include Area Code)*:

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.

USDA is an equal opportunity provider, employer, and lender.