

PART D - REMARKS

PART E - PRODUCER'S CERTIFICATION

I understand that USDA will be conducting spot-checks for this program and authorize FSA access to any records held by elevators, processors, contractors, etc. or any other agency or organization maintaining records or other substantiating evidence for which I am basing this certification of production.

I certify that all information reported on this application is true and correct and understand that if any information is determined to be in error that the application may be denied and may result in a determination of ineligibility in whole or in part.

NOTICE: This application will not be complete until the following forms are filed:

- CCC-566, 2001 and 2002 Crop Insurance and or Noninsured Assistance Program Coverage Agreement.
- CCC-565, Disaster Assistance Gross Revenue Certification Statement.

The following are only applicable

- CCC-502, Farm Operating Plan for Payment Eligibility.
- AD-1026, Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC) Certification.
- FSA-578, Report of Acreage. *(If insured, acreage report not required.)*

25A. Producer Signature		25B. Date (MM-DD-YYYY)	
26A. Signature of COC or Designee		27A. County FSA Office Name and Address (Including Zip Code)	
26B. Date (MM-DD-YYYY)	26C. Determination:	27B. Telephone No. (Area Code):	
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		