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CCC-580M
(01-18-13)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

MILK INCOME LOSS CONTRACT (MILC) MODIFICATION

PART A - GENERAL INFORMATION (If modifying more than one MILC, a separate CCC-580M must be completed for each MILC)

1. Name and Address of Dairy Operation		2. State Code	3. County Code	4. Contract Number (Assigned to CCC-580)
5A. Name and Address of Contact Producer (Including Zip Code) (if different than Item 1)		6A. Name and Address of County FSA Office (Including Zip Code)		
5B. Telephone Number (Including Area Code):		6B. Telephone Number (Including Area Code):		

PART B - CHANGE OF MILC PRODUCTION START MONTH

7. Fiscal Year (Check one) : <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013	8. Current Month Selected (CCC-580 or CCC-580M)	9. New Month Selected
10A. Authorized Signature for the Dairy Operation (By)	10B. Title/Relationship of the Individual Signing in Representative Capacity	11. Date Signed (MM-DD-YYYY)

PART C - DAIRY OPERATION RELOCATION AND CONTRACT TRANSFER

12. Relocation From:		13. Relocation To:		14. Effective Date (MM-DD-YYYY)
A. State	B. County	A. State	B. County	
15. New Address of Relocated Dairy	16A. Producer Signature (By)	16B. Title/Relationship of the Individual Signing in Representative Capacity	17. Date (MM-DD-YYYY)	

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 1430, 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) as amended by the American Taxpayer Relief Act of 2012 (Pub. L. 112-240). The information will be used to process a producer's request for a modification to an existing approved Milk Income Loss Contract. 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's request for a modification to an existing approved Milk Income Loss Contract.

This information collection is exempted from the Paperwork Reduction Act, as it is required for administration of the Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246, Title I, Subtitle F- Administration) as amended by American Taxpayer Relief Act of 2012 (see Pub. L. 112-240, Title VII, Extension of Agricultural Programs).

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

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PART D - MODIFIED PRODUCER/SHAREHOLDER INFORMATION (Producers in a dairy operation must complete this part if modifications need to be made on CCC-580)

18. Remain on Contract		19. Producer Name	20. Producer ID No. (Last 4 digits) (9 digits if new producer)	21. Modification Request (Check all that apply)			22. Share %		23. Signature (By) and Title/Relationship of the Individual Signing in Representative Capacity	24. Date (MM-DD-YYYY)
YES	NO			A. Add Producer/Shareholder	B. Remove Producer/Shareholder	C. Change in Share %	A. From	B. To		

PART E - ORGANIZATIONAL MODIFICATIONS

25. Organizational Change From:		26. Organizational Change To:		27. Tax ID Change:		29. Dairy Operation Name Change:		
A. Individual		A. Individual		YES (If you check this box, enter the new 9 digit Tax ID No. in Item 28.)		YES (If you check this box enter, new name of Dairy Operation in Item 30.)		
B. Partnership		B. Partnership		NO		NO		
C. LLC		C. LLC		28. 9 digits of Tax ID Number		30. Name of Dairy Operation		
D. Corporation		D. Corporation						
E. Other:		E. Other:						
				31. Was this a reconstitution? (If "YES", complete Part F)		<input type="checkbox"/> YES <input type="checkbox"/> NO		
32A. Authorized Signature for the Dairy Operation (By)				32B. Title/Relationship of the Individual Signing in Representative Capacity				32C. Date (MM-DD-YYYY)

PART F - RECONSTITUTIONS AND MERGERS

33. Effective date of reconstitution, merger, or formation of new dairy operation				34. Date of County Office Notification			
35A. Are you forming a new operation with a dairy operation that has an approved CCC-580 on file?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
35B. Are you forming or purchasing a dairy operation in addition to an existing operation that has an approved CCC-580 on file?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
36. If "YES" to Items 35A or 35B, enter the requested information below, for each operation with an approved CCC-580 that is in addition to the operation purchased or formed or that is involved in the merger or reconstitution.							
A. State		B. County		C. Name of Operation		D. MILC Contract Number	E. Name of Producer

