This form is available electronically.

CCC-687-1
(09-28-10)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

APPROVAL TO COMMINGLE OR MOVE LOAN COLLATERAL

1. COMMODITY

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 1421, 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 monitor collateral placed under loan in the CCC commodity loan program. 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) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to commingle or move the loan collateral commodity.*

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). 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****.*

2. NAME AND MAILING ADDRESS OF APPLICANT

3. COUNTY FSA OFFICE ADDRESS

TELEPHONE NO. *(Including Area Code):*

Permission has been requested and approval granted for the producer to move his or her grain under loan as shown below.

SEAL NUMBER		6. LOAN NO.	7. CROP YEAR	8. QUANTITY
4. PRESENT	5. NEW			

9A. ACTIVITY TO BE CARRIED OUT

9B. SIGNATURE

9C. Date *(MM-DD-YYYY)*

10A. APPROVED FOR COUNTY FSA COMMITTEE BY

10B. Date *(MM-DD-YYYY)*

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☐ County Office Copy ☐ Producer's Copy ☐ Loan Inspector's Copy