

This form is available electronically.

<b>CRP-41</b> (08-06-14)  <b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation  <b>CONSERVATION RESERVE PROGRAM</b> <b>EARLY TERMINATION AGREEMENT</b>	1A. State Code	1B. County Code	2. Signup Number
	3A. Contract Number	4. Effective Date (MM-DD-YYYY)	
	3B. Contract Expiration Date (MM-DD-YYYY)		5. Farm Number
	6A. Total Contract Acres:		
	6B. Acres Requested for Termination:		
	6C. Acres Eligible for Termination:		

**7. TERMS OF EARLY TERMINATION AGREEMENT**

This agreement is made between Commodity Credit Corporation (referred to as "CCC") and the undersigned owner(s), operator(s), or tenant(s) (referred to as "participant(s)"). By signing this document, the participant(s) and CCC agrees to the termination of the CRP-1, Conservation Reserve Program Contract, identified in Item 3A above and CCC agrees to reinstate the appropriate crop acreage bases, effective the date of the termination. Termination requests shall become effective on the date indicated in Item 4 above provided the Farm Service Agency (FSA) receives all participant signatures on this document and the acreage in Item 6B above is determined eligible. In return, the participant(s) agrees to accept a final rental payment prorated to the effective date of the termination. The participant(s) understand that acreage used for crop production must be in compliance with the conservation compliance requirements of the Food Security Act of 1985, as amended, in order for the participant(s) to receive USDA benefits. This agreement is irrevocable.

7A. Participants Name and Address (Including Zip Code)

7B. Signature (By)	7C. Title/Relationship of the Individual Signing in a Representative Capacity	7D. Date (MM-DD-YYYY)
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8A. Participants Name and Address (Including Zip Code)

8B. Signature (By)	8C. Title/Relationship of the Individual Signing in a Representative Capacity	8D. Date (MM-DD-YYYY)
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9A. Participants Name and Address (Including Zip Code)

9B. Signature (By)	9C. Title/Relationship of the Individual Signing in a Representative Capacity	9D. Date (MM-DD-YYYY)
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10A. Signature of CCC Representative	10B. Date (MM-DD-YYYY)	11. County FSA Office Name and Address (Including Zip Code)
		Telephone Number (Area Code):

12. 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 7 CFR Part 1410, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to enable the participant(s) to request early termination of an existing CRP-1 contract and reinstatement of the appropriate crop acreage bases. 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 for the producer to request early termination of an existing CRP-1 contract and reinstatement of the appropriate crop acreage bases.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title II, Subtitle G, Funding and Administration).

The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

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