

Risk Management Agency

CROP YEAR 1998

PRODUCTION AND YIELD REPORT

See reverse side of form for statement required by the Privacy Act of 1974
We reserve the right to correct errors made in computation

1 Producer's Name and address Phone No.: SSN/Tax No:	2 Required Field Review <input type="checkbox"/> Required Inspection <input type="checkbox"/>	4 Agent Name/Address Phone No. Agent Code
	3 State: County: Policy No.	5 Company Name/Address

6 Crop Practice Type Unit No.	7 Section Twtnshp Range Land Other County <input type="checkbox"/> Yes <input type="checkbox"/> No	15 Crop Year	16 Total Production	17 Acres	18 Yield
		19			
		19			
		19			
		19			

8 Other Entity(ies)	12 FSA Farm No.	19			
		19			
		19			
		19			
		19			

9 Record Type: <input type="checkbox"/> Production Sold/Commercial Storage <input type="checkbox"/> On Farm Storage, Recorded Bin Measurement <input type="checkbox"/> Livestock Feeding Records <input type="checkbox"/> FSA Loan Record Number of Trees or Vines:	Crop Year:	13 FSA Yld.	19 Total	
<input type="checkbox"/> Appraisal <input type="checkbox"/> Other		14 Transitional Yld.	20(A) Preliminary Yield	21 Approved APH Yield (For Verifier Use Only)

10 Processor Number/Name	11 Other	20(B) Prior Yield
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6 Crop Practice Type Unit No.	7 Section Twtnshp Range Land Other County <input type="checkbox"/> Yes <input type="checkbox"/> No	15 Crop Year	16 Total Production	17 Acres	18 Yield
		19			
		19			
		19			
		19			

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		19			
		19			
		19			
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I certify that the information I have furnished as reflected on this form is complete and accurate for the commodity(ies), unit(s) and year(s) shown. I understand this form maybe reviewed or audited and that information inaccurately reported or failure to retain records to support information on this form, may result in a recomputation of the approved APH yield. I also understand that failure to report completely and accurately may result in voidance of my crop insurance contract and may result in criminal or civil false claims penalties (18 U.S.C., 1006 and 1014; 7 U.S.C. 1506; 31 U.S.C. 3729 and 3730).

INSURED'S SIGNATURE;

DATE:

PART 1