

CCC-1040 U.S. DEPARTMENT OF AGRICULTURE (03-23-99) Commodity Credit Corporation DAIRY MARKET LOSS ASSISTANCE PAYMENT PROGRAM APPLICATION	1. St. Code	2. Co. Code	3. Program Year	4. Application Number
	5. Name of Dairy Operation (<i>Prepare 1 application per Dairy Operation</i>)			

NOTE: *The authority for collecting the following information is Pub. L. 105-277. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995.*

6. Name, Address, and Telephone Number of Contact Producer	7. Name and Address of County FSA Office (<i>Including ZIP Code</i>)
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PART A - ELIGIBILITY (Check the applicable box in Items 8 through 10.)

	YES	NO
8. Did the dairy operation market milk commercially anytime between October 1, 1998 and December 31, 1998?		
9. Does the dairy operation have milk marketings for either 1997 or 1998 calendar years?		
10. Is there more than one person who marketed milk commercially from this dairy operation during the Base Period?		

PART B - BASE PERIOD (Enter the appropriate data for milk marketed commercially in Items 11 and 12.)

Calendar Year	Total Milk Marketings	
11. 1997		
12. 1998		

PART C - PRODUCER'S CERTIFICATION

I certify that all the information entered on this application is true and correct and all persons involved in this operation have included milk marketings applicable to the base period calendar year for the dairy operation. I understand that the calendar year milk marketings used to establish the base period can be the highest of 1997 or 1998 calendar year marketings but can only be one calendar year and that the choice of which calendar year to use to establish the base period was the dairy operation's. I also understand that the dairy operation: (1) marketed milk commercially anytime between October 1, 1998 and December 31, 1998; (2) marketed milk commercially anytime during calendar year 1997 or 1998 and has indicated above as the base period; and (3) will be paid on the first 26,000 cwt. To ensure that all program eligibility requirements are met for this dairy operation, I understand that my dairy operation may be selected for spot check. If my dairy operation is selected for spot check, I may be required to provide supporting documentation as may be required to determine program eligibility. Providing a false certification to the government is punishable by imprisonment, fines and other penalties. All information provided herein is subject to verification by the Commodity Credit Corporation. The provision of criminal and civil fraud statutes that apply to this certification, includes 18 USC 286, 297, 371, 641, 651, 1001 and 1014; USC 714m; and 31 USC 3729.

13. PRODUCER'S SIGNATURE

A. Producer's Signature	B. Producer's ID Number	C. Date	D. Share

PART D - COC DETERMINATION

14. Approved Disapproved

15. Signature of COC or Designee	Title	Date
16. Remarks		

NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. 7 CFR Part 1430 authorize collection of the following information. The information will be used to determine eligibility in accordance with the requirements of the regulation for applicants who are requesting Dairy Market Loss Assistance Payment Program benefits. Furnishing the requested information is voluntary, however, failure to furnish the requested information will result in a determination of ineligibility for Dairy Market Loss Assistance Payment Program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes that apply to this certification, includes 18 USC 286, 287, 371, 641, 651, 1001 and 1004; USC 714m; and 31 USC 3729.*

RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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CCC-1040, Dairy Market Loss Assistance Program Payment Application (Continued)

C

Instructions to Producer

If a producer requests DMLA by telephone, mail, or by facsimile, County Offices shall:

- complete items 1 through 3 and 7
- **not** complete items 4 and 14 through 16 until the dairy operation has completed and returned CCC-1040 to the County Office
- send CCC-1040 to the dairy operation as requested
- provide the following instructions for the dairy operation to complete CCC-1040.

The scheduled release date for CCC-1040 is April 8, 1999.

Item	Instructions
5	Enter the name of your dairy operation.
6	Enter your name, address, and telephone number.
8	Enter your response to the question, "Did the dairy operation market milk commercially anytime between October 1, 1998 and December 31, 1998?"
9	Enter your response to the question, "Does the dairy operation have milk marketings for either 1997 or 1998 calendar years?"
10	Enter your response to the question, "Is there more than one person who marketed milk commercially from this dairy operation during the Base Period?" Note: If yes, you must include milk marketings from all persons on this dairy operation in item 11 or 12, as applicable.
11	Enter the total pounds of milk marketed commercially during the 1997 calendar year. Note: You can only enter 1 calendar year of milk marketings.
12	Enter the total pounds of milk marketed commercially during the 1998 calendar year. Note: You can only enter 1 calendar year of milk marketings.
13	After reading the certification statement in Part C, sign, provide your ID number, date, and indicate your share, as applicable. All producers who share in the milk marketed commercially on your dairy operation must also sign, date, indicate shares, and provide ID numbers, as applicable. When all signatures and information have been obtained, take your completed application to the County Office in item 7 by COB, May 21, 1999. If you elect to mail or FAX your completed application, the County Office in item 7, must receive the application by COB, May 21, 1999. Note: There are no exceptions.