

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency
Washington, DC 20250

**Marketing Assistance Loans and Loan Deficiency
Payments for 2008 and Subsequent Crop Years
8-LP (Revision 2)**

Amendment 10

Approved: Deputy Administrator, Farm Programs



Amendment Transmittal

A Reasons for Amendment

Subparagraph 547 A has been amended to clarify the first note.

Subparagraph 806 C has been amended to update CCC-643, item 11D.

Page Control Chart		
TC	Text	Exhibit
	5-95, 5-96	
	8-15, 8-16	

546 KC-350, Warehouse Operator's Supplemental Certificate (Continued)**C Example of Quantity Entries on KC-350 (Grain) for Corn**

If a warehouse receipt shows 33,600 net lbs. of corn with 17.5 percent moisture, the calculation would be as follows:

- 17.5 percent minus 15.5 percent equals 2.0 percent
- 2.0 percent times 1.3 equals 2.6 percent
- 2.6 percent of 33,600 lbs. is 874 lbs.

The quantity shown on KC-350 (Grain) must **not** exceed 33,600 lbs. minus 874 lbs., or 32,726 lbs.

D Example of Quantity Entries on KC-350 (Oilseeds) for Soybeans

If a warehouse receipt shows 60,000 net lbs. of soybeans with 2.2 percent foreign material, the calculation would be as follows:

- 2.2 percent minus 1 percent = 1.2 percent
- 100 percent minus 1.2 percent = 98.8 percent
- 60,000 net lbs. times 98.8 percent = 59,280 net lbs.

The quantity shown on KC-350 (Grain) must **not** exceed 59,280 net lbs.

547 Statement of Charges Attached to Warehouse Receipts

A Applicability

[7 CFR 1421.107] A separate statement of charges or bill that is **not** part of the warehouse receipt, but is attached to or submitted with the warehouse receipt that indicates charges for other than handling the commodity represented by the warehouse receipt, shall:

- be considered an offset amount
- **not** be considered a lien.

***--Note:** Statement of charges or bills **must** be signed by the producer according to subparagraph 505 C.--*

To ensure that only the appropriate charges are being considered as an offset amount, each State Office must submit a list of charges that are normally associated with handling (other than handling) of the commodity to DAFP for concurrence.

Written concurrence must be obtained from DAFP before any **new charges** on a statement of charges or bill can be offset.

Note: See subparagraph 30 C.

B Handling as an Offset

The amount of applicable charges shown on the statement of charges or bill shall be considered an offset. County Office shall record the applicable charges on CCC-679 by doing either of the following:

- adding the total dollar amount of the charges shown on the statement of charges or bill to any CCC, FSA, or other Government agency debt
- modify the sentence in CCC-679, item 5, block (c) to add language that state whose charges are being offset without specifying the type or amount of the charges.

If the loan is approved, the amount of applicable charges shown on the statement of charges or bill shall be handled as an offset for an alternate payee.

See paragraph 505 for an example of CCC-679.

806 Requesting Shipping Instructions (Continued)

B Example for Commingled Deliveries

The following example shows CCC-643 completed for commingled deliveries.

<p>CCC-643 U.S. DEPARTMENT OF AGRICULTURE (06-16-03) Commodity Credit Corporation</p>		1. STATE STATE	2. STATE REQUEST NO. 21
<p>REQUEST FOR SHIPPING INSTRUCTIONS</p>		3. NAME AND ADDRESS OF COUNTY OFFICE (Include Zip Code) Any County FSA Office 999 Any Street Town, ST 99999-9999	
		4. TO: Kansas City FSA Commodity Office	6. KIND OF COMMODITY Wheat
5. Shipping instructions are hereby requested for the transaction indicated herein. Shipment to be made: BULK <input checked="" type="checkbox"/> BAGS <input type="checkbox"/>		8. QUANTITY (Cars, Bu., Cwt.) 1,898	9. PROTEIN (if applicable) 12.0
10A. <input type="checkbox"/> TRACK LOAD (Deliveries from producers)		11A. HANDLING ONLY (Deliveries from producers)	
10B. SHIPPING POINT AND RAILROAD		11B. NAME, LOCATION, CODE NO. OF SHIPPING WAREHOUSE AND RAILROAD XYZ Warehouse Oakley, KS 67582 8-8002 UP	
10C. TYPE OF DELIVERY LOAN <input type="checkbox"/> PURCHASE <input type="checkbox"/> (Application numbers may be listed in 'Remarks')		11C. P.O. ADDRESS IF DIFFERENT THAN LOCATION (Include Zip Code)	
10D. BASIS OF SETTLEMENT WITH PRODUCER		11D. HOW TO BE HANDLED BY WAREHOUSE	
(1) GRADE ORIGIN <input type="checkbox"/> DESIGNATION <input type="checkbox"/>	(2) WEIGHT ORIGIN <input type="checkbox"/> DESIGNATION <input type="checkbox"/>	COMMINGLED <input checked="" type="checkbox"/> MODIFIED COMMINGLED <input type="checkbox"/> IDENTITY PRESERVED <input type="checkbox"/>	
12. REMARKS (State and county offices)			
13. For County Office		14. For State Office	
A. SIGNATURE /s/ County Office Employee	B. DATE (MM-DD-YYYY) 04-05-XXXX	A. SIGNATURE /s/ State Office Employee	B. DATE (MM-DD-YYYY) 04-07-XXXX
15. For Use by FSA Commodity Office			
A. ROUTE		B. CONSIGNEE AND LOADING ORDER NUMBER	C. COMMODITY CODE
D. SHIPMENTS TO BE MADE (Date(s)) (MM-DD-YYYY)	E. STORAGE STOP DATE (MM-DD-YYYY)	F. PERMIT NO.	G. STOP CARS FOR INSPECTION AT
H. FREIGHT TO BE PAID BY FSA OFFICE AT	I. SETTLEMENT BASIS		
(1) OFFICIAL GRADE INTERMEDIATE <input type="checkbox"/>		ORIGIN <input type="checkbox"/> DESIGNATION <input type="checkbox"/>	(2) OFFICIAL WEIGHT ORIGIN <input type="checkbox"/> DESIGNATION <input type="checkbox"/>
J. SPECIAL INSTRUCTIONS			
<p><small>The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.</small></p>			
<input type="checkbox"/> COUNTY OFFICE COPY		<input type="checkbox"/> STATE OFFICE COPY	
<input type="checkbox"/> KCCO OFFICE COPY			

806 Requesting Shipping Instructions (Continued)

C Example for Identity Preserved Deliveries

The following example shows CCC-643 completed for identity preserved deliveries.

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This form is available electronically. CCC-643 U.S. DEPARTMENT OF AGRICULTURE (06-16-03) Commodity Credit Corporation		1. STATE STATE	2. STATE REQUEST NO. 21
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		4. TO: Kansas City FSA Commodity Office	6. KIND OF COMMODITY Wheat
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10B. SHIPPING POINT AND RAILROAD		11B. NAME, LOCATION, CODE NO. OF SHIPPING WAREHOUSE AND RAILROAD XYZ Warehouse Oakley, KS 67582 8-8002 UP	
10C. TYPE OF DELIVERY LOAN <input type="checkbox"/> PURCHASE <input type="checkbox"/> (Application numbers may be listed in 'Remarks')		11C. P.O. ADDRESS IF DIFFERENT THAN LOCATION (Include Zip Code)	
10D. BASIS OF SETTLEMENT WITH PRODUCER		11D. HOW TO BE HANDLED BY WAREHOUSE	
(1) GRADE ORIGIN <input type="checkbox"/> DESIGNATION <input type="checkbox"/>	(2) WEIGHT ORIGIN <input type="checkbox"/> DESIGNATION <input type="checkbox"/>	COMMINGLED <input type="checkbox"/> MODIFIED COMMINGLED <input type="checkbox"/> IDENTITY PRESERVED <input checked="" type="checkbox"/>	
12. REMARKS (State and county offices)			
13. For County Office		14. For State Office	
A. SIGNATURE /s/ County Office Employee	B. DATE (MM-DD-YYYY) 04-05-XXXX	A. SIGNATURE /s/ State Office Employee	B. DATE (MM-DD-YYYY) 04-07-XXXX
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D. SHIPMENTS TO BE MADE (Date(s)) (MM-DD-YYYY)	E. STORAGE STOP DATE (MM-DD-YYYY)	F. PERMIT NO.	G. STOP CARS FOR INSPECTION AT
H. FREIGHT TO BE PAID BY FSA OFFICE AT	I. SETTLEMENT BASIS		
	(1) OFFICIAL GRADE INTERMEDIATE <input type="checkbox"/>	ORIGIN <input type="checkbox"/> DESIGNATION <input type="checkbox"/>	(2) OFFICIAL WEIGHT ORIGIN <input type="checkbox"/> DESIGNATION <input type="checkbox"/>
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<input type="checkbox"/> COUNTY OFFICE COPY <input type="checkbox"/> STATE OFFICE COPY <input type="checkbox"/> KCCO OFFICE COPY			

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