

Instructions For AD1026 for TTPP Successor-In-Interest (SII)

Highly Erodible Land Conservation (HELIC) and Wetland Conservation (WC) Certification

Participants use this form to certify understanding of the conservation compliance requirements under USDA programs. It is not necessary to complete this form if a previously filed AD-1026 is on file in the FSA serving office, and there has not been a change in your farming operation or the people affiliated with the operation from what was previously reported.

Submit the original of the completed form in hard copy or facsimile to the address shown on form CCC-963, Tobacco Transition Payment Program Account Registration, Part B. To submit this form by facsimile you must have submitted an original signature on FSA-237, Facsimile Signature Authorization and Certification.

SII Participants must complete Items 1 through 10, then sign and date in Item 11 or Item 13, as applicable.

Fld. Name/ Item No.	Instruction
1 Producer's Name	Enter the participant's name from Item 1 on Form CCC-963.
2 Producer's Identification Number	Enter the last 4 digits of the participant's tax identification number.
3 Current Crop Year	Enter "2002, 2003,2004".
4 - 6 Questions	Enter a "X" in the "YES" or "NO" box for each question. Before questions in Items 4 through 6 can be completed, you must request a copy of your AD-1026A, Supplement to AD-1026, from the FSA servicing office that maintains records of your farming interests. The AD-1026A is a computer generated list of farm tracts and fields that have been identified for HELC and WC verification.
7 List of Affiliated Persons	The producer requesting benefits from USDA shall attach to AD-1026 a list of the applicable affiliated persons with farming interests who are required to file AD-1026. Specific instructions for this requirement are provided in the AD-1026 electronic file on page 2 of

Fld. Name/ Item No.	Instruction
	<p>the document.</p> <p>If there are no affiliated persons to list, enter “none” in the space provided.</p>
8 - 10 Yes or No Questions	<p>Item 8. Enter a checkmark in the "YES" checkbox if the answer to Item 8 is “YES”. Enter a checkmark in the "NO" checkbox if</p> <p>The answer to Item 8 is "NO".</p> <p>Item 9a. Enter a checkmark in the "YES" checkbox if the answer to Item 9a is "YES". If you answered "YES" to Item 9a, indicate the year of activity in the space provided. Enter a checkmark in the "NO" checkbox if the answer to Item 9a is "NO."</p> <p>Item 9b. Enter a checkmark in the "YES" checkbox if the answer to Item 9b is "YES". If you answered "YES" to Item 9b, indicate the year of activity in the space provided. Enter a checkmark in the "NO" checkbox if the answer to Item 9b is "NO."</p> <p>Item 10. Enter a checkmark in the “YES” checkbox if the answer to Item 10 is “YES.” Enter a checkmark in the “NO” checkbox if the answer to Item 10 is “NO.”</p>
11 Participant’s Signature and Date	<p>If “YES” is entered for any questions in Items 4 through 10, read the certification statement in Item 11, then sign and date.</p> <p>If “NO” was entered for ALL questions in Items 4 through 10, go to Item 13.</p>

Item 12 is for FSA's use only.

13 Participant's Signature and Date	<p>If “NO” was entered for ALL questions in Items 4 through 10, read the Continuous AD-1026 Certification statement above Item 13, then sign and date.</p> <p>IF NO FARMING INTEREST write “I am not associated with any specific farm.”</p>
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