



**Multiple Peril Crop Insurance Authorization  
To Transfer Actual Production History  
Effective Crop Year (       )**

Policy Number \_\_\_\_\_

**PART I: INSURED'S INFORMATION**

Name	Type of Entity
Authorized Representative	Identification Number
Street or Mailing Address	Type of Identification Number (Check One) <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Assigned Number
City                                  State                                  Zip Code	Telephone Number

**PART II: AGENT/AGENCY INFORMATION**

Name	
Agency Code Number	Telephone Number
Street or Mailing Address	
City                                  State                                  Zip Code	

**Part III: CROP INFORMATION**

State	County	Crop	Type, Class, Etc.	Practice	Section, Town, Range and Other Land Identifier	FSA Farm Serial Number	Insured's Share

**Part IV: AUTHORIZATION**

I hereby authorize the above named insured to use my production records which I have certified under my Multiple Peril Crop Insurance Policy for the crop(s) listed above. I certify that (a): I have turned the farming operation over to the above named insured and he / she has participated (managed, performed the physical activities necessary to produce the crop, or received a share of the crop) in the operation and the establishment of the approved APH yield or (b): we will both have an insurable interest in the crop(s) listed above for the effective crop year. A copy of my APH Production and Yield Report is attached.

Authorization Name (print) \_\_\_\_\_ MPC1 Policy Number \_\_\_\_\_

Authorization Signature \_\_\_\_\_ Signature Date \_\_\_\_\_

Part V: I certify that (a): I have participated (managed, performed the physical activities necessary to produce the crop, or received a share of the crop) in the operation and the establishment of the approved APH yield or (b): we will both have an insurable interest in the crop(s) listed above for the effective crop year. I also understand that I must certify the APH records provided by this transfer on my APH Production and Yield Report by the applicable production reporting dates.

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to avoidance of the policy, and in criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).

Insured's Signature

Date

Agent's Signature

Date

Agent's Code Number



Crop Insurance Division

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**COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT  
Agents, Loss Adjusters and Policyholders**

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIPs contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

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