



Crop Insurance Division

**RMA Regional Office (RO) Determined Yield Request**

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

Part I: INSURED'S INFORMATION				Part II: AGENT/AGENCY INFORMATION			
Name				Name			
State	County	Identification Number		Code Number		Telephone Number	
Street or Mailing Address				Email			
City		State	Zip Code	Street or Mailing Address			
Insured is: <input type="checkbox"/> Landlord <input type="checkbox"/> Operator <input type="checkbox"/> Owner/Operator				City		State	Zip Code

Part III: CROP INFORMATION										
Legal Description Sec/TWP/Range/Other Land Identifier	Name of Crop	Unit No.	Whole Acres	Plant Date	FSA Farm/Tract/CLU/Field Numbers	Practice	Type/Class/Variety	Ins. Share	Name of other person(s) sharing in crop (print)	Request Type
										Category B Crop(s) <input type="checkbox"/> Category C Crop(s) <input type="checkbox"/>
										Category B Crop(s) <input type="checkbox"/> Category C Crop(s) <input type="checkbox"/>
										Category B Crop(s) <input type="checkbox"/> Category C Crop(s) <input type="checkbox"/>
										Category B Crop(s) <input type="checkbox"/> Category C Crop(s) <input type="checkbox"/>
										Category B Crop(s) <input type="checkbox"/> Category C Crop(s) <input type="checkbox"/>

Part IV : REASON FOR RO YIELD REQUEST (check all that apply)					
Master Yield <input type="checkbox"/>	Change in Practices or Production Methods <input type="checkbox"/>	Minimum Production Requirement <input type="checkbox"/>	Change in Person Type/Land <input type="checkbox"/>	Underage Crop <input type="checkbox"/>	Yield Variance <input type="checkbox"/>
New Producer and Variable T-Yield Exceptions <input type="checkbox"/>	Revised or Corrected APH <input type="checkbox"/>	Higher Yield Request <input type="checkbox"/>	Downward Yield Trend <input type="checkbox"/>	Productivity is Reduced - Category C Crops Only <input type="checkbox"/>	Other <input type="checkbox"/>
Irrigation Supply - Category C Crops Only <input type="checkbox"/>	Explain reason(s) for RO determined yield request				

Part V: ADDITIONAL DOCUMENTATION (check all that apply)	
Application/ Policy Confirmation	<input type="checkbox"/>
Current APH Database, including Production Reports for unit(s)	<input type="checkbox"/>
Copy of Production Records substantiating any Crop Provisions minimums that have been met (Category C Crops Only)	<input type="checkbox"/>
APH Block Production (Category C Crops Only)	<input type="checkbox"/>
Weighted Average Age/Density T-Yield Worksheet(s) (Category C Crops Only)	<input type="checkbox"/>



Crop Insurance Division

**RMA Regional Office (RO) Determined Yield Request**

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

Producers Pre-Acceptance Worksheet(s) (Category C Crops Only)	<input type="checkbox"/>
Perennial Crop Pre-Acceptance Inspection Report and Crop Addendum Worksheets (Category C Crops Only)	<input type="checkbox"/>
Master Yield Summary APH Database	<input type="checkbox"/>
Other	<input type="checkbox"/>

**Part VI: REQUIRED STATEMENTS**

**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.

**NONDISCRIMINATION STATEMENT**

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 a 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.

**Part VII: CERTIFICATION STATEMENT**

"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 voidance of the policy, and in criminal or civil penalties (18 U.S.C. §1006 and §1014; U.S.C. §1506; U.S.C. §3729, §3730 and any other applicable federal statutes).

_____	_____	_____	_____	_____
Insured's Printed Name and Signature	Date	Agent's Printed Name and Signature	Date	Code Number
_____	_____			
AIP Representative's Printed Name and Signature	Date			