

CCC-857 (10-31-14)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. Program Years: 2014 through 2018		
AGRICULTURE RISK COVERAGE (ARC) AND PRICE LOSS COVERAGE (PLC) PROGRAM ELECTION		2A. County FSA Office Name and Address (Including Zip Code)		
		2B. County FSA Office Telephone Number (Including Area Code)	2C. County FSA Office FAX Number (Including Area Code)	
		3. State Code	4. County Code	5. Farm Number

THIS ELECTION must be made by all current producers on the farm, and must occur by the end of the election period announced by FSA to be effective for this farm beginning with the 2014 crop year, under the terms of 7 CFR Part 1412. If an ARC or PLC election is not made, the election shall default to PLC for all covered commodities on the farm, starting with the 2015 crop year, and the farm is not eligible for any 2014 ARC or PLC payments. All current producers on the farm must sign this election, and by doing so, unanimously agree and acknowledge that: (1) this election is irrevocable for the covered commodities and the farm, or any resulting farm(s) of a reconstitution; (2) this farm may not be combined with any other farm that has base acres **and** does not have the same program election applicable for each and all covered commodities on all farms intended to be combined; (3) even though they may have made an election, they must annually enroll the farm in the ARC or PLC program in order to receive ARC or PLC benefits for that crop year; (4) they must comply with the regulations at 7 CFR Part 1412; and (5) that ARC or PLC benefits are subject to change based upon changes to law. In addition, by signing this form, all current producers on the farm certify as to the accuracy of the information set out on this form. FSA's acceptance of this signed form and use of the form does not equate to FSA's approval of the election. If FSA later determines this election was invalid under 7 CFR Part 1412, the elections on this form will not apply to the farm. Annual enrollment in the ARC or PLC program is a separate action from this election and must be performed each crop year.

6. ARC-IC Election

Individual Agriculture Risk Coverage (ARC-IC) *This election, if made, is applicable for the farm and all covered commodities. Program elections, by crop, in Item 7 cannot be made if ARC-IC is elected for the farm.*

7. Election for PLC and ARC-CO (Check only **ONE** box per crop, if no selection was made in Item 6.)

Crop	PLC	ARC-CO	N/A	Crop	PLC	ARC-CO	N/A	Crop	PLC	ARC-CO	N/A
Barley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grain Sorghum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rice, Long Grain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lentils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rice, Medium Grain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mustard Seed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safflower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crambe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sesame Seed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flaxseed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peanuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soybeans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbanzo, Large	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peas, Dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sunflower Seed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbanzo, Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rapeseed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8A. Producer's Name and Address (Including Zip Code)	8B. Email Address
	8C. Telephone Number (Including Area Code)

8D. Signature of Producer (By)	8E. Title/Relationship of the Individual Signing in the Representative Capacity	8F. Date (MM-DD-YYYY)
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FOR FSA USE ONLY

9A. Signature of CCC Representative	9B. Date (MM-DD-YYYY)
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10. Remarks

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

11A. Farm Number	11B. State Code	11C. County Code	11D. Program Year 2014 - 2018
PRODUCER'S INFORMATION			
12A. Producer's Name and Address (Including Zip Code)		12B. Email Address	
		12C. Telephone Number (Including Area Code)	
12D. Signature of Producer (By)	12E. Title/Relationship of the Individual Signing in the Representative Capacity		12F. Date (MM-DD-YYYY)
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		12C. Telephone Number (Including Area Code)	
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12D. Signature of Producer (By)	12E. Title/Relationship of the Individual Signing in the Representative Capacity		12F. Date (MM-DD-YYYY)

NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 1412, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Agriculture Risk Coverage Program and Price Loss Coverage Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Agriculture Risk Coverage Program and Price Loss Coverage Program.*

This information collection is exempted from the Paperwork Reduction Act as specified in the Agriculture Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration).

*The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***