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**CCC-879**  
(08-14-08)

**U.S. DEPARTMENT OF AGRICULTURE**  
Commodity Credit Corporation

**APPLICATION FOR APPROVAL OF COTTON GIN  
UNDER SEED COTTON LOAN PROGRAM**

1. NAME AND ADDRESS OF COUNTY FSA OFFICE

TELEPHONE NO. (Include Area Code):

2. CROP YEAR:

**NOTE:** The authority for collecting the following information is Pub. L. 110-246. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). Regulations at 7 CFR Part 1427 provide for approving cotton gins under the seed cotton loan program. Failure to provide the requested information will prevent a gin from participating in this program. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001, 15 USC 714m, and 31 USC 3729, may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

**PART A - APPLICATION**

**Submit application and supporting information to the County FSA Committee. This application must be a signed by an authorized official of the gin.**

This application is submitted by the \_\_\_\_\_ which was organized under  
the laws of the State of \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_, and has its principal  
place of business at \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_.

3. OFFICIAL NAME OF THE COTTON GIN

4. STATE

5. MONTH AND DAY

6. YEAR

7. STREET ADDRESS

8. CITY

9. STATE

10. ZIP CODE

Application is made for a determination as to whether the above cited gin meets CCC location and other requirements for participation in the seed cotton loan program for the crop year shown above and for approval of the gin under the program.

**PART B - DESCRIPTION OF SEED COTTON STORAGE FACILITIES AND INSURANCE**

11. Describe the type of storage to be used for all seed cotton under loan:

12. The insurance will be carried by:

Ginner

Producer

13. If carried by Ginner, does it cover full loan value of cotton?

YES

NO

14. Is the insurance payable to the Producer?

YES

NO

**PART C - CERTIFICATION**

*I certify that the information submitted is true and correct to the best of my knowledge and accept responsibility to meet all insurance requirements related to the storage and care of any seed cotton while it is pledged as collateral for a CCC loan. I further agree to compensate the producer for any non-insured losses that may result from my negligence. Any duly authorized representative of the U.S. Department of Agriculture is hereby authorized to examine the storage facilities and records of this gin for the purpose of verifying any of the information contained in this application and supporting documents. If any change is made to any document furnished with this application, I agree to furnish a copy of any such revised document to the County FSA Committee.*

15. SIGNATURE

16. TITLE

17. DATE (MM-DD-YYYY)