

PART F – PRODUCER CERTIFICATION

Payments under the Reimbursement Transportation Cost Payment program will be made to provide cost assistance to geographically disadvantaged farmers and ranchers by reimbursing them for a portion of the transportation cost of their agricultural commodity, and/or transporting inputs used to produce an agricultural commodity during a fiscal year. By signing this application, the producer:

1. *Agrees to provide FSA any documentation it requires to determine eligibility that verifies and supports all information provided, including the producer's certification, and understands the application may be disapproved if they fail to provide any such information requested by FSA;*
2. *Agrees to comply with, and acknowledges they are subject to, all the regulations governing the program and understands that instructions and assistance are available for completing this form;*
3. *Authorizes FSA to obtain from third parties, such as, but not limited to, other government agencies, individuals, auction barns, contractors, or processors, feed cooperatives, feed supply companies and rendering services, any records or other evidence that substantiates the information provided on this application or any supporting documentation provided; and*

I certify that:

1. *If applying as an individual, that I am a citizen of or legal resident alien in the United States; if applying as a partnership, the members of the partnership are citizens of the United States; or if applying as a corporation, limited liability corporation, or other farm organization structure, the entity is organized under State law.*
2. *All information on this application and all supporting documents provided are true and correct;*
3. *I understand that this application may be disapproved if information or evidence provided is false or in error, and that other sanctions or penalties could apply*
4. *I understand that if necessary, additional information may be required to determine program eligibility, to the satisfaction of the State and/or County FSA Committee*
5. *I understand that this program is subject to the regulations found in 7 CFR Part 755, and understand that this application must be received no later than the deadline date established by FSA.*
6. *I hereby apply for payment to the extent that the State and/or County FSA Committee determines me eligible to receive payment and understand that payment of transportation cost assistance will be contingent upon the availability of funds to the U.S. Department of Agriculture to pay such claims.*
7. *I understand that payments are subject to conditions imposed by regulation and FSA, and that this is an application only.*
8. *I have already reported whether I have actual documentation.*

Note: *Providing a false certification to the Government is punishable by imprisonment, fines, or other penalties. All information provided herein is subject to verification by FSA. The criminal and civil fraud statutes*

| 34A. Signature (By) | 34B. Title/Relationship of the Individual Signing in the Representative Capacity | 34C. Date Signed (MM-DD-YYYY) | 34D. Share | 34E. Tax ID No. (4 Digits) |
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