This form is available electronically.				OMB Control No. 0560-02 Expiration Date: 03/31/20	
CCC-916 U.S. DEPARTMENT OF AGRICULTURE				CCC USE ONLY	
(09-14-20)				1. Application Number	
NOTE: The following statement is made in accordance with the seq.]. The information will be used to determine the ap government agencies, Tribal agencies, and nongovern	pplicant's eligibility to participate in and receive ber mental entities that have been authorized access DA/FSA-14, Applicant/Borrower. Providing the req	). The authority for requesting the nefits under the Seafood Trade R to the information by statue or rea	information identified on this form is Se elief Program. The information collected gulation and/or as described in applicab.	Sec. 5 of the Commodity Credit Corporation Act [15 U.S.C. 714 el ed on this form may be disclosed to other Federal, State, Local ble Routine Uses identified in the System of Records Notice for ed information will result in a determination of ineligibility concern	
this information collection is 0560-0296. The time requi maintaining the data needed, and completing and revie FORM TO YOUR COUNTY FSA OFFICE.	ired to complete this information collection is estim wing the collection of information. The provisions (	nated to average 15 minutes per r	esponse, including the time for reviewing	ays a valid OMB control number. The valid OMB control number ing instructions, searching existing data sources, gathering and be applicable to the information provided. <b>RETURN COMPLETE</b>	
PART A RECORDING COUNTY OFFICE (FO					
2A. Recording State & County Office Name	2B. Recording Count	2B. Recording County Office Address		2C. Recording County Office Telephone No. (Include Area Code)	
				2D. Recording County Office Fax No. (Include Area Code)	
PART B APPLICANT INFORMATION					
3A. Name (Person or Legal Entity)	3B. Address	3B. Address		3C. Contact Person's Name	
				3D. Contact Person's Telephone No. (Include Area Code)	
PART C SEAFOOD (COMMERICAL PRODUCTI	ON FROM JANUARY 1, 2019 TO DECE	EMBER 31, 2019)		COC USE ONLY	
4. Seafood Type		5. Unit of Measure	6. Actual Production ( <i>Ownership Share</i> ) 7. Adjusted Production		
		LBS			
		LBS			
		LBS			
PART D APPLICANT CERTIFICATION					
The undersigned certifies that all the information entered on this this form is accurately identified by the applicant and represents spot-check. Failure to certify any of the information on this form stores or purchases commodity production listed on this form to associated with STRP as stated in the notice of funds availability	s only the applicant's ownership share of total p and application accurately may result in a loss disclose the production records of such seafood y;(2) will maintain and provide verifiable and re	production for the year shown. I s of program benefits. Additiona d to USDA representatives for ti eliable production evidence upo	The undersigned understands that the i lly, by signing this form, the undersigne the purpose of verification. The undersi n request; and (3) within 60 days of si	e information entered on this form is subject to verification by igned authorizes the purchaser, or any person who otherwise, signed (1) agrees to comply with all terms and conditions	
CCC-902, Farm Operating Plan for Payment Eligibility (NOTE: CCC-941, Average Adjusted Gross Income (AGI) Certification and	d Consent to Disclosure of Tax Information	• CCC-942, Certifi	er's Information, if applicable cation of Income From Farming, Ranchi	ning and Forestry Operations, optional	
<i>Failure of an individual, entity, or member of an entity to timely</i> 8A. Applicant's Signature (By)			<sup>it.</sup> ing in the Representative Capac	acity 8C. Date (MM-DD-YYYY)	
on Applicant's orginature (by)			ing in the representative dapat		
PART E COC DETERMINATION (FOR COC U	JSE ONLY)				
9A. Signature of COC Representative	9B. Title/Position of C	9B. Title/Position of COC Representative		DD-YYYY) 10. Action	
In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) identity (including gender expression), sexual orientation, disability, age, marital status, and complaint filing deadlines vary by program or incident.					
Persons with disabilities who require alternative means of communication for program in 877-8339. Additionally, program information may be made available in languages other		anguage, etc.) should contact the responsib	e Agency or USDA's TARGET Center at (202) 720-	20-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800	
To file a program discrimination complaint, complete the USDA Program Discrimination the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA opportunity provider, employer, and lender					