Form Approved – OMB No. 0560-0237 Expiration Date: 12/31/2025

FSA-2003

U.S. DEPARTMENT OF AGRICULTURE

Position 3

(02-16-22)

Farm Service Agency

THREE-YEAR PRODUCTION HISTORY

NOTE: FORM IS NOT REQUIRED. Applicant may submit alternate documents that provide the information collected on this form.

1. Name				
A. DAIRY PRODUCTION				
1. Dairy Cows:		20	20	20
a. Herd Number				
b. Lbs. of Milk Sold				
	c. Average Production Per Cow			
	d. Calves Sold			
e. Calves Average Sale Weight				
f. Number of Cows Culled				
B. LIVESTOCK AND POULTRY PRODU	JCTION			
Livestock Type:				
a. Units Raised				
b. Units Purchased				
c. Total Units				
	d. Units Sold			
e. Death Loss				
	f. Purchase Weight			
g. Sales Weight				
2. Livestock Type:				
i. Units Purchased	h. Units Raised			
j. Total Units				
k. Units Sold				
I. Death Loss				
m. Purchase Weight				
n. Sales Weight				
3. Livestock Type:				
o. Units Raised				
p. Units Purchased				
q. Total Units				
r. Units Sold				
s. Death Loss				
t. Purchase Weight				
u. Sales Weight				
C. CROP PRODUCTION		20	20	20
1. Crop:	Unit:	20		
1. στορ.	Offit.			
a. Total Yield				
b. Acres				
c. Average Yield				
2. Crop:	Unit:			
a. Total Yield				
b. Acres				
c. Average Yield				

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C. CROP PRODUCTION (Continued	from Page 1)					
c. eker r kebestien (senanasa	nomi ago i)		20_		20	20
3. Crop:	Unit:			_		
a. Total Yield						
b. Acres						
c. Average Yield						
4. Crop:	Unit:					
a. Total Yield						
b. Acres						
c . Average Yield						
5. Crop:	Unit:					
a. Total Yield						
b. Acres						
c. Average Yield						
6. Crop:	Unit:					
a. Total Yield						
b. Acres						
c. Average Yield						
D. POTENTIAL PURCHASERS - THIS IS	S A LIST OF PUR	CHASERS	WHO WILL C	OR HAVE	BOUGHT FARM PRO	ODUCTS FROM ME.
1A. Farm Product 1B. Past/Potent		t/Potential I	Purchaser 1C. Purchaser's Address			s Address
E. SIGNATURE						
I certify that the information is true, com 1001 of Title 18, United States Code pro	vides for criminal	penalties i	o those who p	provide fa		
be false or incomplete such funding may	be grounds for de		requested act	tion.)	1.5-	444.55.10.00
1A. Signature		1B. Title			1C. Date	e (MM-DD-YYYY)
NOTE: The following statement is made in accordance with Farm and Rural Development Act, as amended (7 and loan guarantees. The information collected or	U.C.C. 1921 et seq.). The	information will	be used to determine	e eligibility and	d feasibility for loans and loan gu	arantees, and servicing of loans

OTE: The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a – as amended. The authority for requesting the information identified on this form is the Consolidated Farm and Rural Development Act, as amended (7 U.C.C. 1921 et seq.). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. The information collected on this form may be disclosed to other Federal, State, and 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 the applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial for loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0237. The time required to complete this information collection is estimated to average 45 minutes per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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