

This form is available electronically.

CCC-870 (02-27-20)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. State and County Code	2. Calendar Year
		3. County Office Name and Address (Include Zip Code)	

**EMERGENCY ASSISTANCE FOR LIVESTOCK,
HONEYBEES, AND FARM-RAISED FISH PROGRAM
Colony Collapse Disorder Certification**

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 the Commodity Credit Charter Act (15 U.S.C. 714 et seq.), the Agricultural Act of 2014 (7 U.S.C. 9081 et seq), as amended and 7 CFR Part 1416. The information will be used to determine eligibility for emergency loss assistance program benefits. 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 for emergency loss assistance program benefits.

Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 7 U.S.C. 9091(c)(2)(B).

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.**

PART A HONEYBEE PRODUCER INFORMATION

4. Producer's Name and Address (City, State and Zip Code)

PART B HONEYBEE PRODUCER CERTIFICATION OF COLONY COLLAPSE DISORDER

5. Colony Collapse Disorder Loss Date	6. Number of Honeybee Colonies Lost Due to Colony Collapse Disorder
---------------------------------------	---

7. Colony Collapse Disorder Observed Symptoms (Check all that apply):

- The loss of live queen and/or drone bee populations inside the hives.
- Rapid decline of adult worker bee population outside the hives, leaving brood poorly or completely unattended.
- Absence of dead adult bees inside the hive and outside the entrance of the hive.
- Absence of robbing collapsed colonies.
- At the time of collapse, varroa mite and Nosema populations are not at levels known to cause economic injury or population decline.

8. Provide any additional details and symptoms that were observed at the time the loss became apparent.

PART C HONEYBEE PRODUCER CERTIFICATION

I certify that:

- for the lost honeybee colonies listed in Item 6, I have observed symptoms of colony collapse disorder, as indicated in Item 7.
- all the information entered on this form, whether personally entered by me or by someone else on my behalf is true and correct to the best of my knowledge.

9A. Producer's Signature (By)	9B. Title/Relationship of the Individual Signing in the Representative Capacity	9C. Date (MM-DD-YYYY)
-------------------------------	---	-----------------------

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.