This form is available electronically. U.S. DEPARTMENT OF AGRICULTURE State and County Code 2. Calendar Year CCC-854 Commodity Credit Corporation (04-15-14)3. County Office Name and Address (Include Zip Code) LIVESTOCK INDEMNITY PROGRAM **Third Party 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 7 CFR Part 1416, the Commodity Credit Charter Act (15 U.S.C. 714 et seg.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility for livestock indemnity 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 livestock indemnity program benefits. This information collection is exempted from the Paperwork Reduction Act, as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F - Administration). 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 - LIVESTOCK PRODUCER INFORMATION 4. Producer's Name and Address (City, State and Zip Code) PART B - LIVESTOCK PRODUCER CERTIFICATION OF LIVESTOCK AND LOSSES 10. CCC-852 Contract Livestock Kind/Type Physical Location of Livestock Type of Documentation Supporting Inventory in Inventory When Deaths Adverse and Weight Range Reasonableness of Livestock in Grower (Can be obtained from the local FSA Weather Occurred Inventory When Deaths Occurred office or LIP Fact Sheet located at **Event Number** YES NO https://disaster.fsa.usda.gov)

PART C - LIVESTOCK PRODUCER CERTIFICATION

I certify that:

- *No other form of proof of death of the livestock reported in Item 7 is available.*
- The number of livestock reported in Item 8, by category, were in inventory when the deaths occurred.
- The livestock in inventory, by category, were physically located as described in Item 9 when the deaths occurred.

• The livestock in inventory, by category, were physically located as described in item 9 when the deaths occurred.					
11A. Producer's Signature (By)	11B. Title/Relationship of the Individual Signing in the Representative	11C. Date (MM-DD-YYYY)			
	Capacity				

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities, Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotage, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

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PART D – THIRD PARTY CERTICATION INFORMATION		-5-
12. Third Party's Name and Address (City, State and Zip Code)	13. Phone Number	14. Affiliation to Producer
DART F. THER BARTY CRECIES RETAILS OF LIVES	TOCK DEATHS	
PART E – THIRD PARTY - SPECIFIC DETAILS OF LIVES 15. Third party must provide specific details about how they have k		hs.
PART F – THIRD PARTY – CERTIFICATION OF LIVESTO	CK DEATHS	
16.		17.
Livestock Kind/Type and Weight Range (Can be obtained from the local FSA office or LIP Fact Sheet		Number Lost Due to Adverse Weather
located at https://disaster.fsa.usda.gov)		
PART G – THIRD PARTY CERTIFICATION OF OTHER DE	TAILS	
18. Other relevant details.		
PART H – THIRD PARTY SIGNATURE CERTIFICATION		
I certify that:		
• The specific details of my knowledge of the animal dea	ths as provided in Item 1	5 are true and correct.
• The number of livestock reported as lost by kind/type a referenced in Item 15.	nd weight range in Item	17 was due to the eligible adverse weather event
• All other information provided is true and correct to the	e best of my knowledge.	
19A. Third Party's Signature		19B. Date (MM-DD-YYY)

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PA	ART I – COUNTY COMMITTEE DETERMINATION		YES	NO
20.	Documents provided as evidence of livestock verifiable beginning and ending inventory ar	re acceptable. If NO, explain in Item 25.		110
	. Livestock inventory is reasonable based on documents provided. If NO, explain in Item 25			
	. Claimed livestock losses are reasonable. If NO, explain in Item 25.			
	. Third party is a reliable source in a position to have knowledge of loss. If NO, explain in It	em 25.		
24.	. Certification of participant and third party meet all requirements. If NO, explain in Item 25.			
	. Comment			
26.	. COC Signature 27. Date (MM-DD	28. Determination		
		Approved	Disa	pproved