

(COMMON LAND UNIT IDENTIFIER RECORD - TYPE 27)**Format/Edits**

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 27.
2	Approved Insurance Provider	3	2	X(02)	Required. Edit with AIP/Company table.
3	Location State	5	2	9(02)	Required. Edit with FIPS State table.
4	Policy Issuing Company	7	3	9(03)	For Reinsured edit with company table. Must be valid PIC code for reinsurance year.
5	Policy Number	10	7	9(07)	Required. Must be > zeros.
6	Crop Year	17	4	9(04)	Required. Must be the crop year of the crops reported under the policy. This will equal the Reinsurance Year or Reinsurance Year +/- 1 for applicable crop code.
7	Crop Code	21	4	9(04)	Required; Edit with ADM2. See Exhibit 99-a.
8	Insurance Plan Code	25	2	9(02)	Required; Edit with ADM2. See Exhibit 99-a.
9	Location County	27	3	9(03)	Required; Edit with FIPS County Table.
10	Unit Number	30	5	9(05)	Required. For insured acreage must match the unit number for the Type 11 record and uninsured acres must zero fill. Unit Number must end in '00' for Enterprise and Whole Farm Units (i.e. 00100).
11	Filler	35	18	X(18)	Must be spaces.
12	Grid ID	53	8	9(08)	Optional. If entered must match the Grid ID on the Type 11 record for RI & VI policies. Right justify with leading zeros. If not applicable, zero fill.
13	Type 27 Key Reserve	61	15	X(15)	Space Reserved for Additional key data required in the future or for other record types. Must be spaces or blanks.
14	Record Number	76	4	9(04)	Must be > 000 and unique within a policy.
15	Type 11 Record Number	80	3	9(03)	Required; The record number of the Type 11 record that established the 27 record.
16	Land Identifier Type	83	1	X(01)	Required must be "C" for Common Land Unit.
17	FSA Farm Serial Number	84	7	X(07)	Required. Enter the valid FSA Farm (Serial) Number; must be entered left justified with trailing spaces (i.e. '1546' should be entered '1546 ') See Note at end of record for validation.
18	FSA Tract Number	91	7	X(07)	Required. Enter the valid FSA Tract Number for the FSA Farm (Serial) Number in field 17. Must be entered left justified with trailing spaces (i.e. '1546' should be entered '1546 ') See Note at end of record for validation.

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19	FSA Field Number	98	4	X(04)	Required. Enter the valid FSA Field Number for the Tract Number in field 18. Must be entered left justified with trailing spaces and may include any alphabetic characters (i.e. '12A ') See Note at end of record for validation.
20	FSA Sub Field Identifier	102	3	X(03)	Optional. Enter the annual sub field identifier used by FSA for the common land unit
21	Reported Acres	105	8	9(06)V9(02)	Required. Enter the planted acres (insured or uninsured) for the land identifier for the insured crop. The sum of the reported acres must equal the acres on the Type 11 Record reported in Field 15. The sum of the reported acres must be equal to the Acres reported on 11 record (there is a 1% tolerance with a minimum of +/- 3 acre difference); otherwise, the T27 will reject.
22	Intended Use	113	2	X(02)	Optional. If entered must match one of the intended use codes from Exhibit 27-1 that represents the intended use for which the crop/commodity is being grown and produced.
23	Date Planted	115	8	9(08)	Required if Date Planted is required on the T11 record. If entered, the Date Planted from the T27 record cannot be greater (more recent) than the Date Planted on the corresponding T11 record; otherwise, the T27 will reject.
24	Irrigation Indicator	123	1	X(01)	Optional. The code used to designate the irrigation practice: I = Irrigated, N = Non-irrigated
25	Unique CLU ID	124	36	X(36)	Optional. Enter the valid FSA CLU ID left justified. Can be reported as 32 characters without dashes or 36 characters including dashes. The CLU ID is a globally-unique identifier assigned by FSA for the common land unit, (FSN, Tract and Field).
26	Persons Sharing 1	160	35	X(35)	Optional. Enter the Name of Other Person(s) sharing in the crop. Left justify with trailing spaces. Use First & Last Name for individuals. F/L = Alpha characters and (-), (), (), (), ('). Bus name, Trusts, Estates = Alpha/Numeric characters and (-), (), (), (&), (+), (), ('), (%), (*), (#).
27	Persons Sharing 2	195	35	X(35)	Only one name per field. See field 26.

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28	RMA/FSA Entity Difference Flag 1	230	2	X(02)	Optional; if entered must match a code from Exhibit 27-2 to indicate the AIP has determined there is a valid difference between information reported to RMA and FSA.
29	RMA/FSA Acreage Difference Flag 2	232	2	X(02)	Optional; if entered must match a code from Exhibit 27-2 to indicate the AIP has determined there is a valid difference between information reported to RMA and FSA.
30	X Centroid	234	12	9(06)V9(06)	Optional. X coordinate of geographical center of field, expressed in the following formula: [meters west of the UTM zone base meridian (negative) OR meters east of the UTM base meridian (positive)] + 500,000.
31	Y Centroid	246	12	9(07)V9(05)	Optional. Y coordinate of geographical center of field, expressed as meters North of the Equator.
32	FSA Administrative State	258	2	9(02)	Optional; If entered must be different than Location State (field 3) and will be used to validate fields 17, 18 and 19.
33	FSA Administrative County	260	3	9(03)	Optional; If entered must be different than Location County (field 9) and will be used to validate fields 17, 18 and 19.
34	CLU Determination	263	1	X(01)	Required. Indicates how the CLU identified by fields 17, 18 and 19 and the acres in field 21 were determined. Enter an "A" if the CLU determination was made by the company or agent <u>without</u> the insured producer participating in and agreeing to the CLU designation for the unit. Enter a "P" if the insured producer reported or identified the CLU's for the insured unit. If the insured participated in identifying the CLU's after signing the acreage report, still report a "P". and acres were determined by the AIP or enter a "P" if the producer certified the CLU and acreage information.

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Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
35	Filler	264	287	X(287)	Must be spaces.
36	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch file was received. (From when transmission started) HHMM Format.
37	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch file was received. (From when transmission started) MMDDCCYY Format.
38	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY format.
39	Batch Number	567	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the IP to FCIC/RMA.
40	Transaction Sequence Number	571	8	9(08)	Internal Use. The sequential number assigned to each transaction number processed by DAS <u>after it has been sorted.</u>
41	Transaction Rejected Flag	579	1	X(01)	Internal Use. Reserved.
42	Transaction Source Flag	580	1	X(01)	Internal Use. Reserved.
43	Filler	581	19	X(19)	Internal Use.

Notes:

Farm Serial Number (field 17), Tract Number (field 18) and Field Number (field 19) will be validated by Location State and Location County or the Admin State and Admin County if provided, against the current DAS CLU ISAM file for the RY. The ISAM file will contain CLU information released to the AIPs between July 1, 2009 and December 2010.