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FSA-426 (09-22-14)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency		1. COUNTY OFFICE NAME, ADDRESS	
MPCI/FCIC INFORMATION REQUEST WORKSHEET				TELEPHONE NO. (Include area code):	
				2. PROGRAM YEAR	3. DATE
ITEMS 4 THROUGH 11 TO BE COMPLETED BY REQUESTER					
4A. REQUESTER'S NAME		4B. TELEPHONE NUMBER (Include area code)		4C. ID NUMBER	4D. ID TYPE
5. PRODUCER'S NAME	6. ID NUMBER (Last 4 Digits Only)	7. ID TYPE	8. INFORMATION REQUESTED (√) Check appropriate box(es) that are applicable to producer.)		
			A. FSA-578 Producer Print		B. Map Photocopies
9A. INFORMATION WILL BE:			9B. ADDRESS, IF MAILED/EMAIL ADDRESS		
<input type="checkbox"/> MAILED <input type="checkbox"/> EMAILED <input type="checkbox"/> PICKED UP					
10. REMARKS					
11. CERTIFICATION					
<i>I certify that I am authorized access to the producer's records and that the information requested will be used by the insurance company I represent for the purpose of fulfilling loss adjustment and compliance obligations and/or insuring a producer under a policy or plan of insurance.</i>					
A. REQUESTER'S SIGNATURE			B. TITLE		C. DATE
12. TO BE COMPLETED BY FSA ONLY					
A. DATE RECEIVED	B. DATE FURNISHED		C. WORKLOAD DATA		D. INITIALS
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 400, the Agriculture Risk Protection Act of 2000 (Pub. L. 106-224), the Federal Crop Insurance Act (7 U.S.C. 1501 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine insurance provider eligibility to request/receive producer documentation from FSA County Offices for loss adjustment and compliance obligations. 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 the insurance provider to request/receive producer documentation from FSA County Offices for loss adjustment and compliance obligations.					

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