KARNAL BUNT COMPENSATION CLAIM FORM
(No compensation can be made without completion of this form)

1. APPLICANT’S NAME, ID NUMBER, AND ADDRESS
(INCLUDE STREET, CITY, STATE AND ZIP CODE)

2. CROP YEAR

3. WHEAT CLASS

4. APPLICANT’S REQUEST (Check the appropriate request)
- Producer
- National Karnal Bunt Survey Participant
- Handler
- Other (Please specify) _________________

5. TYPE OF COMPENSATION (Check the applicable type)
- Wheat Grain
- Wheat Seed
- Other (Please Specify) _________________

PART A - APPLICANT’S REPORT OF DATA

6. DOCUMENTATION (Attach applicable documents)
(Check all that apply)
- Contract (If checked, date of contract) __________
- Final Sales Receipt
- Emergency Action Notification
- Weight Verification
- Certified Seed Documentation
- Other (Please Specify) _________________

7. KARNAL BUNT CERTIFICATE AVAILABLE
- YES
- NO

Date of certificate(s) ___________________(Positive)
_______________(Negative)

8. TO WHOM SOLD
_____________________________________________________

Contract Price: ____________________
Price Received: ____________________

9. QUANTITY REQUESTED FOR COMPENSATION
__________________Bushels
__________________

OTHER (Please Specify) _________________

PART B - APPLICANT’S CERTIFICATION

I certify that the above statements are true and correct to the best of my knowledge and belief. I request all amounts due me in accordance with all applicable laws and regulations governing the payment of such compensation. I further agree to accept the compensation payment for said losses incurred.

11. APPLICANT’S SIGNATURE

12. DATE

PART C - COMPENSATION PAYMENT CALCULATION OR SEE WORKSHEET (PPQ FORM 927 or PPQ FORM 928 completed by FSA)

13. COMPENSATION RATE
- Producer/Handler: _________________
- Other (Please Specify) _________________

14. COMPENSATION CALCULATION

Quantity X Compensation Rate = $ Compensation Payment

15. CHECK NUMBER

16. DATE

PART D - COUNTY FSA COMMITTEE (COC) DETERMINATION

17. REMARKS

18. COC or REPRESENTATIVE ACTION
- APPROVED
- DISAPPROVED

19. COC or REPRESENTATIVE SIGNATURE

20. DATE