

**U.S. DEPARTMENT OF AGRICULTURE**  
Animal and Plant Health Inspection Service  
Plant Protection and Quarantine

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

<b>1. APPLICANT'S NAME, ID NUMBER, AND ADDRESS</b> <i>(INCLUDE STREET, CITY, STATE AND ZIP CODE)</i>	<b>2. CROP YEAR</b>	<b>3. WHEAT CLASS</b>
<b>4. APPLICANT'S REQUEST</b> <i>(Check the appropriate request)</i> <input type="checkbox"/> Producer <input type="checkbox"/> National Karnal Bunt Survey Participant <input type="checkbox"/> Handler <input type="checkbox"/> 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**

<b>6. DOCUMENTATION</b> <i>(Attach applicable documents)</i> <i>(Check all that apply)</i> <input type="checkbox"/> Contract (If checked, date of contract) _____ <input type="checkbox"/> Final Sales Receipt <input type="checkbox"/> Emergency Action Notification <input type="checkbox"/> Weight Verification <input type="checkbox"/> Certified Seed Documentation <input type="checkbox"/> Other (Please Specify) _____	<b>7. KARNAL BUNT CERTIFICATE AVAILABLE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Date of certificate(s) _____ (Positive) _____ (Negative)
<b>8. TO WHOM SOLD</b> _____  <b>Contract Price:</b> _____ <b>Price Received:</b> _____	

**9. QUANTITY REQUESTED FOR COMPENSATION**

\_\_\_\_\_ Bushels      Other *(Please Specify)* \_\_\_\_\_

**10. REGULATED CROP SEASON**

First Regulated Crop Season (FSA must complete PPQ FORM 927)     
  Second Regulated Crop Season     
  N/A

**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.*

<b>11. APPLICANT'S SIGNATURE</b>	<b>12. DATE</b>
----------------------------------	-----------------

**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) \_\_\_\_\_

<b>14. COMPENSATION CALCULATION</b>	<b>15. CHECK NUMBER</b>	<b>16. DATE</b>
_____ X _____ = \$ _____ Quantity                      Compensation Rate                      Compensation Payment		

**PART D - COUNTY FSA COMMITTEE (COC) DETERMINATION**

**17. REMARKS**

---

**18. COC or REPRESENTATIVE ACTION**

APPROVED       DISAPPROVED

<b>19. COC or REPRESENTATIVE SIGNATURE</b>	<b>20. DATE</b>
--	-----------------