

<b>CCC-771</b> (11-17-23)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation	<b>FOR COUNTY OFFICE USE ONLY</b>	
		1. Administrative State <i>Name</i>	2. Administrative County <i>Name</i>
		<i>Code</i>	<i>Code</i>
		Georgia	Tift
		GA	277
<b>HONEYBEE COLONY INVENTORY REPORTING FORM</b>		3. Crop Year 2026	
		4A. Name and Address of Administrative County FSA Office <i>(Include City, State and Zip Code)</i> Tift County FSA	
		4B. Administrative County FSA Office Telephone Number <i>(Include Area Code)</i>	

**INSTRUCTIONS:** Return this completed form to your County FSA Office.

**PART A – HONEYBEE PRODUCER INFORMATION**

5. Producer's Name (Person or Legal Entity) Blue Ridge Apiaries LLC			7. Information Line South apiary yard		
6A. Address Line 1 123 Honey Lane			8. Primary Phone Number <input type="checkbox"/> Home <input checked="" type="checkbox"/> Cell 555-100-2000		
6B. Address Line 2			9. Alternate Phone Number <input checked="" type="checkbox"/> Home <input type="checkbox"/> Cell 2295550199		
6C. City Tifton	6D. State GA	6E. Zip 31794	10. Email Address casey@example.com		
11. Farm Number 42	12. Tract Number 7		13. NAP Coverage? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		14. Unit Number 3

**PART B – INITIAL REPORT OF COLONIES**

15. Number of Colonies	16. Date of Most Recent Inventory	17. Physical Location (State)	18. Physical Location (County)	19. Producer Share	20A. Additional Producer Associated with the Unit	20B. Additional Producer Share	21A. Additional Producer Associated with the Unit	21B. Additional Producer Share
120	04/01/2026	GA	Tift	100	Jordan Farmer	25	Riley Farmer	15

**PART C – CERTIFICATION**

I certify that the number of colonies reported includes all colonies for which producing honey, pollinating, and/or breeding is expected.

22A. Producer's Signature (By)	22B. Title/Relationship of Individual Signing in a Representative Capacity	22C. Date (MM/DD/YYYY)

	DATE STAMP
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PART D - ADDITIONS/REDUCTIONS TO COLONY INVENTORY						FOR COUNTY OFFICE USE ONLY	
23. Date of Inventory Addition/Reduction	24. Inventory Prior to Addition/Reduction	25. Number of Colonies Added	26. Reason	27. Number of Colonies Reduced	28. Reason	29. Date of FSA Notification	30. Current Inventory (24 + 25 -27)
			<input type="checkbox"/> Purchased <input type="checkbox"/> Split/Nuc <input type="checkbox"/> Other		<input type="checkbox"/> Sold <input type="checkbox"/> CCD <input type="checkbox"/> Other		
			<input type="checkbox"/> Purchased <input type="checkbox"/> Split/Nuc <input type="checkbox"/> Other		<input type="checkbox"/> Sold <input type="checkbox"/> CCD <input type="checkbox"/> Other		
			<input type="checkbox"/> Purchased <input type="checkbox"/> Split/Nuc <input type="checkbox"/> Other		<input type="checkbox"/> Sold <input type="checkbox"/> CCD <input type="checkbox"/> Other		
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			<input type="checkbox"/> Purchased <input type="checkbox"/> Split/Nuc <input type="checkbox"/> Other		<input type="checkbox"/> Sold <input type="checkbox"/> CCD <input type="checkbox"/> Other		
31. HIGHEST NUMBER OF COLONIES REPORTED IN Item 30 including continuation sheet(s)							



**NOTE: Privacy Act Statement:** 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 Parts 1416 and 1437, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Federal Agriculture Improvement and Reform Act of 1996 (7 U.S.C. 7333 – as amended), the Federal Crop Insurance Act (7 U.S.C. 1508 – as amended), and the Agriculture Act of 2014 (7 U.S.C. 9801 – as amended). The information will be used to determine eligibility to participate in and receive benefits under the Non-Insured Crop Disaster Assistance Program (NAP) and Emergency Assistance for Livestock, Honeybees, and Farm-Raised Fish Program (ELAP). 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 may result in a determination of ineligibility to participate in and receive benefits under NAP and ELAP.

**Public Burden Statement (Paperwork Reduction Act):** Paperwork Reduction Act Statement: The information collection is exempted from PRA as specified in 7 U.S.C. 9091(c)(2)(B). The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided.

**Non-Discrimination Statement:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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CCC-771A  
(11-17-23)

U.S. DEPARTMENT OF AGRICULTURE  
Commodity Credit Corporation

**HONEYBEE COLONY  
INVENTORY REPORTING FORM  
(CONTINUATION SHEET)**

**FOR COUNTY OFFICE USE ONLY**

1. Administrative State <i>Name</i> <i>Code</i>		2. Administrative County <i>Name</i> <i>Code</i>	
3. Producer Name		4. Unit Number	5. Crop Year
5A. Name and Address of Administrative County FSA Office <i>(Include City, State and Zip Code)</i>			
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