BOLL WEEVIL ERADICATION PROGRAM
COTTON ACREAGE REPORTING FORM

Section 593.105, F.S. / Rule 5B-52.009(1), F.A.C.
PO Box 147100, Gainesville, FL 23614-7100 / (352) 395-4700
PO Box 6720
Tallahassee, FL 32314-6720

Producer: ___________________________________________
Address: ___________________________________________
City: ___________________________________ State: ________ Zip: __________
County Where Cotton Is Grown: __________________________ Telephone: ( ______ )

<table>
<thead>
<tr>
<th>Farm No.</th>
<th>Tract No.</th>
<th>Field No.</th>
<th>Photo No.</th>
<th>Intended Acres</th>
<th>Actual Acres Certified</th>
<th>Remarks</th>
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I certify to the best of my knowledge and belief that the intended acres and the actual acres certified totals of cotton listed herein as true and correct, and that I am subject to the regulations and penalties as set forth in Chapter 593, F.S. and Florida Administrative Code Rule Chapter 5B-52.

Producer’s Signature ___________________________________________
Date: ____________ Date: ____________

Intended Acres Reported __________________________ Actual Acres Certified __________________________

Social Security No. __________________________________________
Federal ID No. ______________________________________________

\[ \text{Certified Acres} \times 6.00 = \text{Assessment Due} \]

Paid: Date ____________________
Check# ______________________
Amt. $ _______________________
FSA Employee Initial _______________________

DO NOT MAIL INTENDED ACRES REPORT – HOLD IN OFFICE. MAIL COMPLETED WHITE FORM AND PAYMENT TO FDACS, P.O. BOX 6720, TALLAHASSEE, FLORIDA 32314.

Remit online payment at www.FreshFromFlorida.com
Or Check or Money order payable to: FDACS
P.O. Box 6720
Tallahassee, FL 32314-6720

Org Code: 42080708000 EO: A8
Object Code: 001074

FDACS-08193 Rev. 10/99