

**(INELIGIBLE PRODUCER OUTPUT RECORD)**

Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 61.
2	Id Type	3	1	9(01)	Will be: 1 = SSN 2 = EIN
3	ID Number	4	9	9(09)	Will be: ID Type = 1 SSN ID Type = 2 EIN
4	Record Number	13	3	9(03)	Will be 001 if Ineligible Producer was reported as a primary insured. Will be 002-999 if Ineligible Producer was reported as an SBI.
5	Entity Type	16	1	X(01)	Will be: I = Individual P = Partnership X = All Others
6	Reporting Organization	17	2	X(02)	Reporting Organization that reported the producer as ineligible. (05= FSA, 08= FCIC)
7	Reinsurance Year	19	4	9(04)	Reinsurance year of the contract with the debt.
8	Ineligibility Status Flag	23	2	9(02)	See Exhibit 61-1 for values.
9	Date of Ineligibility	25	8	9(08)	Date ineligibility established (YYYYMMDD). (Reference the ITS Handbook - FCIC 24050, Section 7E)
10	Indebtedness Eligibility Date	33	8	9(08)	Date eligibility was re-established in the case of a debt (YYYYMMDD).
11	Notification Letter Date	41	8	9(08)	Date the notification letter was sent to the producer (YYYYMMDD).
12	Date of Appeal	49	8	9(08)	Date appeal filed (YYYYMMDD).
13	CAT Ineligibility Flag	57	1	X	If 'Y', producer is ineligible to participate in the Catastrophic Risk Program (CAT) due to fraud or misrepresentation. Otherwise, will be 'N'.
14	CAT Eligibility Date	58	8	9(08)	Date that the producer will once again be eligible to participate in CAT (YYYYMMDD format).
15	Buyup Ineligibility Flag	66	1	X	If 'Y', the producer is ineligible to participate in the buyup program due to fraud or misrepresentation. Otherwise, will be 'N'.
16	Buyup Eligibility Date	67	8	9(08)	Date that the insured will once again be eligible to participate in the buyup program (YYYYMMDD format).
17	Controlled Substance Year of Eligibility	75	4	9(04)	Crop year that eligibility will be restored for the Insured in cases of controlled substance abuse.
18	Type 61 Record Filler	79	7	X(07)	
19	Last Name	86	20	X(20)	Last Name of the Ineligible Producer/SBI as reported.
20	First Name	106	10	X(10)	First Name of the Ineligible Producer/SBI as reported.
21	Middle Name	116	10	X(10)	Middle Name of the Ineligible Producer/SBI as reported.

**(INELIGIBLE PRODUCER OUTPUT RECORD)**

Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
22	Name Suffix	126	5	X(05)	Name suffix (Jr, Sr, ...) of the Ineligible Producer/SBI as reported.
23	Title	131	4	X(04)	Title (Dr, Mr, Ms ...) of the Ineligible Producer/SBI as reported.
24	Business Name	135	35	X(35)	Business name of the Ineligible Producer/SBI as reported.
25	Address Line 1	170	35	X(35)	Line 1 of the Street Address for the Ineligible Producer/SBI as reported.
26	Address Line 2	205	35	X(35)	Line 2 of the Street Address for the Ineligible Producer/SBI as reported.
27	City	240	35	X(35)	Address City for the Ineligible Producer/SBI as reported.
28	Address State	275	2	X(02)	Address State for the Ineligible Producer/SBI as reported.
29	Zip Code	277	5	9(05)	Zip Code for the Ineligible Producer/SBI as reported.
30	Zip Extension	282	4	9(04)	Zip code extension for the Ineligible Producer/SBI as reported.
31	Contact Office Name	286	35	X(35)	Name provided by the reporting organization of the office for the Ineligible Producer to contact in order to settle their debt.
32	Contact Office Phone	321	10	X(10)	Telephone number of the Contact Office.
33	Crop Year	331	4	9(04)	Crop year of the latest crop on the policy with the debt.
34	RMA Data Processed Date	335	8	9(08)	Latest date that information was processed by ITS for the producer (YYYYMMDD).
35	RMA Data Receipt Date	343	8	9(08)	Date that the data was originally received by RMA for processing in the ITS system (YYYYMMDD).