

(RECORD 5 OUTPUT FORMAT for PROGRAM record)

Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Incoming Filename	1	20	X(20)	
2	Request Record Type	21	2	9(02)	Required. Must be 05.
3	Reinsurance Year	23	4	9(04)	
4	Approved Insurance Provider	27	2	X(02)	
5	Location State	29	2	9(02)	
6	Policy Issuing Company	31	3	9(03)	
7	Policy Number	34	7	9(07)	
8	Crop Year	41	4	9(04)	
9	Crop Code	45	4	9(04)	
10	Insurance Plan Code	49	2	9(02)	
11	Location County	51	3	9(03)	
12	Record Type	54	4	X(04)	Must be PRGM.
13	Primary or SBI Indicator	58	3	X(03)	
14	Program Record Number	61	3	9(03)	
15	Program Code	64	3	X(03)	
16	Program Description	67	15	X(15)	
17	Servicing Organization Code	82	8	X(08)	
18	FSA Producer Info As of Date	90	10	X(10)	