

**(RECORD 5 OUTPUT FORMAT for Status Codes)**

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 STAT
13	FSA Admin State	58	2	9(02)	
14	FSA Admin County	60	3	9(03)	
15	CIMS Request Flag	63	1	X(01)	
16	Statewide Application Indicator	64	1	X(01)	
17	CIMS Status Codes	65	15	X(15)	