

**(RECORD 5 OUTPUT FORMAT for PHONE)**

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 PHON.
13	Primary or SBI Indicator	58	3	X(03)	
14	Phone Record Number	61	3	9(03)	
15	Phone Number	64	15	X(15)	
16	Phone Extension	79	6	9(06)	
17	Phone Primary	85	1	X(01)	
18	Phone Type Code	86	2	X(02)	
19	Phone Type Name	88	15	X(15)	
20	Phone Unlisted	103	1	X(01)	
21	FSA Producer Info As of Date	104	10	X(10)	