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	Policy 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	Policy Location County	51	3	9(03)	
12	Record Type	54	4	X(04)	Must be EMAL.
13	Policy Primary or SBI/Spousal Indicator	58	3	X(03)	PRI, SBI, or SP1, SP2, SP3, etc.
14	Policy Primary or SBI/Spousal Record Number	61	3	9(03)	
15	SCIMS Email Record Number	64	3	9(03)	
16	SCIMS Email	67	50	X(50)	
17	CIMS SCIMS FSA Producer Info As of Date	117	8	9(08)	

NOTE: Grey Highlighted areas represent data that is returned from the CIMS process. This includes CIMS Status Codes, RMA Policy Data, FSA Producer Data, and FSA Acreage Data