

FORM 7-21 FARM OP 2008

(7-07)

DECLARATION OF FARM OPERATOR INFORMATION For Certification and Reporting Requirements of the Reclamation Reform Act of 1982

Districts must complete the "District Name" and "Date Received" boxes.

District Name:

DATE RECEIVED:

BUREAU OF RECLAMATION

Do not use this form after December 31, 2008. It is important that you read the separate instructions that accompany this form before completing it. If you did not receive these instructions, please contact your district office. Type or print in ink. Date and initial crossouts and corrections. Visit www.usbr.gov/rra for more information.

FARM OPERATOR INFORMATION

1. Farm operator name: _____

2(a). Farm operator type (check one):
 Individual Part Owner Joint Tenancy or Tenancy-in-common
 Corporation Partnership Other: _____

2(b). If you checked "Other" in item 2(a), how is your entity taxed by the Internal Revenue Service (check one box):
 As a corporation As a partnership

3(a). Farm operator's street address or rural route number, city, state, and zip code: _____

3(b). Mailing address if different from street address: _____

4 (a). Telephone number where questions can be directed: () _____

4(b). Contact person: _____

5. Name of state(s) or country(ies) where farm operator is established or registered (if applicable): _____

6. Employer Identification Number (EIN): _____

LAND FOR WHICH THE FARM OPERATOR PROVIDES SERVICES

List all irrigable and/or irrigation land parcels westwide for which you provide services that are held in a trust or held by a legal entity. Include land for which your wholly owned subsidiary(ies) provide(s) services. For additional space, use page 2 of this form.

(a) District Name	(b) Legal Description of Land Parcel(s) or Assessor's Parcel Number(s) <small>(There is space to list multiple land parcels if they all [1] are held by the same landholder, [2] are in the same district, and [3] receive the same farm operating services).</small>	(c) Services Provided for Each Parcel	(d) Identification of the Legal Entity or Trust for Whom Services are Provided	(e) Number of Acres
			Name:	
			Address:	
			Telephone:	
	(f) Who decides when services should be provided?		<input type="checkbox"/> Self <input type="checkbox"/> Landholder <input type="checkbox"/> Other (please specify):	
(g) Who decides what will be done on the land parcels on a daily basis?		<input type="checkbox"/> Self <input type="checkbox"/> Landholder <input type="checkbox"/> Other (please specify):		
			Name:	
			Address:	
			Telephone:	
	(f) Who decides when services should be provided?		<input type="checkbox"/> Self <input type="checkbox"/> Landholder <input type="checkbox"/> Other (please specify):	
(g) Who decides what will be done on the land parcels on a daily basis?		<input type="checkbox"/> Self <input type="checkbox"/> Landholder <input type="checkbox"/> Other (please specify):		

8. TOTAL NUMBER OF ACRES LISTED ON THIS PAGE FOR WHICH YOU PROVIDE SERVICES

9. FARM OPERATOR'S NAME:

10. LAND FOR WHICH THE FARM OPERATOR PROVIDES SERVICES

Continue listing, as necessary, all irrigable and/or irrigation land parcels westwide for which you provide services that are held in a trust or held by a legal entity. Include land for which your wholly owned subsidiary(ies) provide(s) services. For additional space, use attachments.

(a) District Name	(b) Legal Description of Land Parcel(s) or Assessor's Parcel Number(s) (There is space to list multiple land parcels if they all [1] are held by the same landholder, [2] are in the same district, and [3] receive the same farm operating services.)	(c) Services Provided for Each Parcel	(d) Identification of the Legal Entity or Trust for Whom Services are Provided	(e) Number of Acres
			Name:	
			Address:	
			Telephone:	
(f) Who decides when services should be provided?		<input type="checkbox"/> Self	<input type="checkbox"/> Landholder	<input type="checkbox"/> Other (please specify):
(g) Who decides what will be done on the land parcels on a daily basis?		<input type="checkbox"/> Self	<input type="checkbox"/> Landholder	<input type="checkbox"/> Other (please specify):
			Name:	
			Address:	
			Telephone:	
(f) Who decides when services should be provided?		<input type="checkbox"/> Self	<input type="checkbox"/> Landholder	<input type="checkbox"/> Other (please specify):
(g) Who decides what will be done on the land parcels on a daily basis?		<input type="checkbox"/> Self	<input type="checkbox"/> Landholder	<input type="checkbox"/> Other (please specify):
			Name:	
			Address:	
			Telephone:	
(f) Who decides when services should be provided?		<input type="checkbox"/> Self	<input type="checkbox"/> Landholder	<input type="checkbox"/> Other (please specify):
(g) Who decides what will be done on the land parcels on a daily basis?		<input type="checkbox"/> Self	<input type="checkbox"/> Landholder	<input type="checkbox"/> Other (please specify):
			Name:	
			Address:	
			Telephone:	
(f) Who decides when services should be provided?		<input type="checkbox"/> Self	<input type="checkbox"/> Landholder	<input type="checkbox"/> Other (please specify):
(g) Who decides what will be done on the land parcels on a daily basis?		<input type="checkbox"/> Self	<input type="checkbox"/> Landholder	<input type="checkbox"/> Other (please specify):

11. TOTAL NUMBER OF ACRES LISTED ON THIS PAGE FOR WHICH YOU PROVIDE SERVICES

17. FARM OPERATOR'S NAME:

LAND INFORMATION

18. Did you or your entity (and/or its subsidiaries) formerly own any of the land parcel(s) listed on this form as excess land?
Skip to item 20 if your response to this item is "NO." YES NO
19. If you responded "YES" to item 18, was the parcel(s) sold or transferred at a price approved by Reclamation?
If "YES," to which land parcel(s) does this apply? YES NO
20. Can you or your entity (and/or its subsidiaries) use your farm operating agreement with a landholder as collateral in any loan?
If "YES," to which land parcel(s) does this apply? YES NO
21. Can you or your entity (and/or its subsidiaries) sue or be sued in the name of the landholding?
If "YES," to which land parcel(s) does this apply? YES NO
22. Are you or your entity (and/or its subsidiaries) authorized to receive any payments from the United States Department of Agriculture on behalf of the landholder?
If "YES," to which land parcel(s) does this apply? YES NO

23. **SIGNATURE(S)** Please sign the appropriate line(s) according to whether you are an individual or an entity.

Attention: This declaration must be signed and dated. Read the following paragraphs before signing.

Under the provisions of 18 U.S.C. 1001, it is a crime punishable by 5 years imprisonment or a fine of up to \$10,000, or both, for any person knowingly and willfully to submit or cause to be submitted to any agency of the United States any false or fraudulent statement(s) as to any matter within the agency's jurisdiction. False statements by the farm operator will also result in loss of eligibility. Eligibility can only be regained upon the approval of the Commissioner.

I (we) attest that the information provided herein is true, accurate, and complete to the best of my (our) knowledge.

This declaration is required by Public Law 97-293. Failure to declare can result in prosecution and/or loss of water deliveries from Federal reclamation projects. Information obtained in this declaration is protected by the Privacy Act of 1974, system of records notice INTERIOR/WBR-31, and will be used to administer the acreage limitation provisions of Federal reclamation law. The Secretary of the Interior or the district may require additional information in order to administer these laws. The Secretary may also require a copy of your farm operating agreement.

FOR A FARM OPERATOR WHO IS AN INDIVIDUAL OR A PART OWNER

Signature of Farm Operator or Part Owner _____
Date

FOR A FARM OPERATOR THAT IS AN ENTITY (All partners, joint tenants, or co-tenants must sign this form unless they have provided a written signature authorization allowing one natural person to sign for the entity.)

Signature of Officer or Authorized Agent _____
Date

Office Held

Other Required Signature _____
Date

Other Required Signature _____
Date

PLEASE RETURN THIS FORM TO THE APPROPRIATE DISTRICT OFFICE(S).