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Form Approved - OMB No. 0560-XXXX

AD-2047

(Proposal 7)

U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

Rural Development

National Resources Conservation Service

CUSTOMER DATA WORKSHEET REQUEST FOR SCIMS RECORD CHANGE

(See Page 2 for Privacy Act and Public Burden Statements.)

PART A - CUSTOMER INFORMATION

1A. Customer's Full Legal Name or Business Name

1B. Customer or Business Address (Including Zip Code)

1C. Home Telephone Number (Area Code)

1D. Business Telephone Number (Area Code)

1E. Other Telephone Number (Area Code)

2. SSN or Tax ID Number (9 digits)

3. E-Mail Address

4. Customer Wishes to Receive Mail?

 YES NO

5. Producer is Customer of One or More of the Following Agencies. (Check appropriate Agency(ies) below:)

 FSA RD NRCS Not Participating

6. Is the Customer a Multi-County Producer?

 YES (If "YES" list States and/or Counties below:) NO

7. Reason for Request (Check appropriate box(es) below:)

 New Producer Address Change Telephone Change Sale/Purchase Life Event Other (Specify:)

8A. Name of Customer Requesting Change

8B. Signature

8C. Date (MM-DD-YYYY)

PART B - SERVICE CENTER ACTION

9A. Agency Who Received Request: (Check one below:)

 FSA NRCS RD9B. Initials of Employee Receiving Request
(If Different than Item 12A)

9C. Date (MM-DD-YYYY)

10. How the Request for Change was Received:

 Office Visit Telephone FAX USPS Other (Specify:)

11. Remarks:

12A. Signature of Employee Updating SCIMS

12B. Date (MM-DD-YYYY)

13A. I concur/do not concur the above items have been properly updated.

 Concur Do Not Concur

13B. District Director/Area Conservationist Signature for Spotcheck

13C. Date (MM-DD-YYYY)

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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Farm Security and Rural Investment Act of 2002, Pub. L. 107-171 and the Military Construction Appropriations and Emergency Hurricane Supplemental Appropriations Act, 2005, Pub. L. 109-324. The information will be used to determine eligibility for program benefits. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in ineligibility for monies or benefits paid under this program unless this report is completed and filed as required by existing law and regulations (7 CFR Part 783). This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-XXXX. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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INSTRUCTIONS FOR AD-2047

	Note: Items 1-6 are required only as applicable to requested change. Items not applicable to requested record change may be left blank.
1A	Enter customer's full legal name or Business Name.
1B	Enter customer or business mailing address including Zip Code.
1C	Enter customer's home telephone number including area code.
1D	Enter customer's business telephone number including area code.
1E	Enter customer's other telephone number including area code.
2	Enter customer's 9-Digit SSN or TIN as applicable.
3	Enter customer's e-mail address.
4	Enter "YES or NO" to indicate whether or not the customer wishes to receive mail.
5	Check the appropriate boxes indicating the agency(ies) where the producer is customer.
6	Check "YES OR NO" to indicate whether or not the customer is a multi-county producer. If "YES," specify states and county offices.
7	Check appropriate box(es) to indicate the reason for the requested record change(s). If "OTHER," specify.
8A	Enter the name of the Customer requesting the record change(s).
8B	Customer requesting change shall sign. Note: - If documentation from a trusted source (i.e., USPS) initiates the record change, attach documentation to this form. Only Part A, Item 1A and Part B shall be completed. - If the request was received by FAX or telephone, complete applicable blocks necessary to document the change(s) and enter the requestor's name in Item 8A. Requestor's signature is not required.
8C	Enter date (MM-DD-YYYY) the record change is requested.
	Note: - Items 9A - 12B must be completed. - Items 13A - 13C must be completed only if selected for spot-check.
9A	Check the appropriate box indicating agency who received the request.
9B	Enter initials of Service Center employee receiving the request.
9C	Enter date (MM-DD-YYYY) Service Center employee received the request .
10	Check the box to indicate method by which the Service Center received the request. If other, specify.
11	Enter remarks regarding the records change.
12A	Enter the signature of Service Center employee updating SCIMS.
12B	Enter the date (MM-DD-YYYY) the Service Center employee updated SCIMS.
13A	Check the box to indicate the District Director/Area Conservationist (DD/AC) concurred or did not concur spot-checking this record change.
13B	Enter the signature of DD/AC indicating record change was spot-checked.
13C	Enter the date (MM-DD-YYYY) the DD/AC spot-checked this record change.