

FSA-179 **U.S. DEPARTMENT OF AGRICULTURE**
(Proposal 2) **Farm Service Agency**

TRANSFER OF FARM RECORDS BETWEEN COUNTIES

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

1. NAME AND ADDRESS OF OPERATOR	2. NAME AND ADDRESS OF OWNER	3. ACTION INITIATED BY: <input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR <input type="checkbox"/> COUNTY COMMITTEE
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PART A - REQUEST FOR TRANSFER

It is requested that records for the below identified farm be transferred so that such land will be considered as located in the county and State indicated here.

4A. COUNTY	4. TRANSFER TO: 4B. STATE
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5. REASON FOR TRANSFER (check appropriate box below):

<input type="checkbox"/> Physically Located in Receiving County	<input type="checkbox"/> Combination With Other Farms Operated by Same Person	<input type="checkbox"/> County Office Closure	<input type="checkbox"/> Principle Dwelling of Operator Changed
<input type="checkbox"/> Change in Operation of Land	<input type="checkbox"/> Change has Occurred to Make Another Office More Accessible	<input type="checkbox"/> DAFP Approval (Specify): _____	

6A. SIGNATURE OF OWNER(S)	6B. DATE SIGNED (MM-DD-YYYY)	6C. SIGNATURE OF OPERATOR	6D. DATE SIGNED (MM-DD-YYYY)

PART B - ACTION BY TRANSFERRING COUNTY

7. NAME OF TRANSFERRING COUNTY	8. FARM NO.	9. LOCATION OF FARM
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10. FORMS AND DOCUMENTS TRANSFERRED:

11A. COUNTY COMMITTEE RECOMMENDS: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	11B. IF DISAPPROVAL, GIVE REASON:
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A copy of FSA-156EZ and a copy of all related records are transmitted herewith supporting the history data and related base acres that have been established for this tract of land.

12A. SIGNATURE OF COUNTY COMMITTEE MEMBER	12B. DATE SIGNED (MM-DD-YYYY)
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PART C - ACTION BY RECEIVING COUNTY

13A. COUNTY COMMITTEE ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	13B. IF DISAPPROVED, GIVE REASON:
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14. FARM NUMBER ASSIGNED:	15. CROP YEAR EFFECTIVE:
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16A. SIGNATURE OF COUNTY COMMITTEE MEMBER	16B. DATE SIGNED (MM-DD-YYYY)
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PART D - ACTION BY REPRESENTATIVE OF STATE COMMITTEE

17. TRANSFERRING STATE:

17A. TRANSFER RECOMMENDED FOR: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	17B. IF DISAPPROVAL, GIVE REASON:
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17C. SIGNATURE OF STC REPRESENTATIVE	17D. DATE SIGNED (MM-DD-YYYY)
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18. RECEIVING STATE (For transfer across State line):

18A. TRANSFER RECOMMENDED FOR: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	18B. IF DISAPPROVAL, GIVE REASON:
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18C. SIGNATURE OF STC REPRESENTATIVE	18D. DATE SIGNED (MM-DD-YYYY)
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PART E - ACTION BY REPRESENTATIVE OF DAFP

19A. DAFP ACTION: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	19B. IF DISAPPROVAL, GIVE REASON:
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19C. SIGNATURE OF DAFP REPRESENTATIVE	19D. DATE SIGNED (MM-DD-YYYY)
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Original (Receiving County) State Office Transferring County

NOTE: *The following statement is made in accordance with Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is _____. The information will be used to _____. Furnishing the requested information is _____. Failure to furnish the requested information will result in _____. 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 ___ minutes/hours 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.***