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 0572-0031, Exp. date 5/31/16. The time required to complete this information collection is estimated to average 15 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.

U.S. Department of Agriculture Rural Development Utilities Programs

CERTIFICATE OF AUTHORITY TO SUBMIT OR GRANT ACCESS TO DATA

INSTRUCTIONS-Submit one	copy to the Rural Development Utilities Programs h	eadquarters and one copy to the GFR.
Department of Agriculture	requirements of the Rural Utilities Service Rural Development Utilities Programs, Id hereto, of the board of directors or other	herein after referred to as the Agency
(the "Board" of	BORROWER'S NAME	("the Borrower")
located at	BORROWER'S ADDRESS	,
the Board hereby authorize appear below (Certifier), to collections. Furthermore, seAuthentication ID appear officers, or contractors access	sed by a quorum of the Board, held on —set the officer or manager whose name, titled certify and submit the data requested on aid resolution authorizes the following erbelow (Security Administrator), to give, a less to the Borrower's data on the USDA Resolutions of the attached instructions, for the purpose	e, and USDA eAuthentication ID the following Agency data imployee whose name, title, and as appropriate, other employees, tural Development Data Collection
(Check All That Apply)	TOWN F	
Form No. (if applicable)	TITLE	`
7	Financial and Statistical Report (Electric - Distribution) Operating Report (Electric - Generation)	
12	Operating Report for Broadband Borrowers	
H 		
<u> </u>	Operating Report for Telecommunications Borrowers	
	uthority shall remain in force until the Ag Board, its rescinding of the attached reso	•
TITLE Security Administrator	NAME (TYPE OR PRINT)	eAuthentication ID
TITLE	NAME (TYPE OR PRINT)	eAuthentication ID
		BORROWER'S NAME

DATE

SIGNATURE OF SECRETARY