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| **This form is available electronically.** | | | | | Forms Approved – OMB No.  0560-0265  OMB Expiration Date: XX/XX/XXXX | | | |
| **AD-2047**  (Proposal 7) | | **U.S. DEPARTMENT OF AGRICULTURE**  Farm Service Agency  Rural Development  Natural Resources Conservation Service  Risk Management Agency  Agricultural Marketing Service | | | | | |  |
| **CUSTOMER DATA WORKSHEET** | | | | | | | | |
| **NOTE:** | *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended).  The authority for requesting the information identified on this form is the Computer Security Act of 1987 (Pub. L. 100-235), OMB Circular A-123, Federal Managers’ Financial Integrity Act of 1982, and Privacy Act of 1974 (5 USC 552a - as amended). The information will be used to document a request by the producer for updating the business partner record. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notices for AMS-3, Perishable Agricultural Commodities Act (PACA), USDA/FSA-2, Farm Records File (Automated), USDA/NRCS-1, Landowner, Operator, Producer, Cooperator, or Participant Files, and USDA/RD-1, Applicant, Borrower, Grantee, or Tenant File. Providing the requested information is voluntary.  However, failure to furnish the requested information will result in a determination of ineligibility to request changes within the business partner record.*  ***Public Burden Statement (Paperwork Reduction Act Statement):*** *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 0560-0265.  The time required to complete this information collection is estimated to average 3 minutes (.05 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.*  *The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided.****RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.*** | | | | | | | |
| **PART A – CUSTOMER INFORMATION** | | | | | | | | |
| 1A. Customer’s Full Name or Business Name and Address  *(Including Zip Code)* | | | | 1B. Customer Business Type *(Example: Individual, Corporation, LLC,*  *Estate, Trust, etc.)* | | | | |
|  | | | |  | | | | |
| 1C. Home Telephone Number *(Area Code)* | | | 1D. Business Telephone Number *(Area Code)* | | | 1E. Mobile Telephone Number *(Area Code)* | | |
| 2. Taxpayer Identification Number *(9 Digits) and Type (SSN, EIN, etc)* | | | | 3. Birthdate *(Only required if the customer is a minor)* | | | | |
| 4A. Residency Status: *(For Individuals Only)*    U.S. Resident  Resident Alien *(I-551 Required)*  Not a US Citizen or Resident Alien  Citizenship country if not US: | | | | 4B Originating Country *(For Foreign Entities Only)* | | | | |
| 5A. Email Address | | | | 5B. Does the customer want to receive sensitive (but non-PII) Producer  or Farm specific related emails?  YES  NO | | | | |
| **Demographic Information**  Departmental Regulation 4370-001 provides USDA’s policies for collecting demographic data, including race, ethnicity and gender. Providing demographic information is voluntary and at the discretion of the customer. Demographic information is used by USDA for statistical purposes only and will not be used to determine an applicant’s eligibility for programs or services for which they apply. You may disregard providing information in items 6A, 6B and 6C if the information has previously been provided to USDA. Customers identified in Item 1A that are a legal entity should base responses to the race, ethnicity and gender of the owners holding majority ownership interest in the legal entity.  I do not want to provide demographic information at this time. | | | | | | | | |
| 6A. Race: *(Note: More than 1 may be*  *selected)*  American Indian / Alaskan Native  Native Hawaiian/Other Pacific  Islander  Asian  White  Black/African American | | | 6B. Ethnicity:  Hispanic  or Latino  Not  Hispanic or  Latino | 6C. Gender *(Individual)*:  Male  Female | | | 6D. Gender *(Legal Entity)*  Not applicable/unknown  Organization/Female Owned  Organization/Male Owned  Organization/Other *(no clear*  *male/female ownership)* | |
| 7. Producer is Customer of One or More of the Following Agencies. *(Check Appropriate Agency(ies) below:)* | | | | | | | | |
| AMS  FSA  NRCS  RMA  RD  Not Participating | | | | | | | | |
| 8. Is the Customer a Multi-County Producer?  YES *(If “YES,” list States and/or Counties below:)*  NO | | | | | | | | |
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| 9. Reason for Request *(Check appropriate box(es) below:)* | | | | | | | |
| New Producer  Address Change  Telephone Change  Sale/Purchase  Life Event | | | | | | | |
| Other *(Specify)*: |  | | | | | | |
| 10. Enter the name of the customer requesting the record change(s). If documentation is received by Fax or from a trusted source (i.e., USPS),  attach documentation to this form. Only Part A Item 1A and Part B shall be completed. If the request was received by telephone,  complete applicable blocks necessary to document the change(s) and enter the requestor’s name in Item 10A. Requestor’s signature is not  required. ***(The only time the customer is required to sign Item 10B is when they are physically at a Service Center and providing FSA***  ***with applicable information.)*** | | | | | | | |
| 10A. Name of Customer Requesting Change | | 10B. Customer Signature | | | | | 10C. Date *(MM-DD-YYYY)* |
| **PART B – SERVICE CENTER ACTION** | | | | | | | |
| 11A. Agency Who Received Request:  *(Check one below)* | | 11B. Initials of Employee Receiving  Request *(If Different than Item 13A)* | | | | 11C. Date Service Center Employee  Received the Request *(MM-DD-YYYY)* | |
| FSA  NRCS  RD | |  | | | |  | |
| 12. How the Request for Change was Received: | | | | | | | |
| Office Visit  Telephone  FAX  USPS  Other *(Specify)*: | | | | |  | | |
| 13. COC LAA: | | | | |  | | |
| 14. Remarks, if Applicable: | | | | | | | |
|  | | | | | | | |
| 14A. Signature of Employee Updating Business Partner if not initialed in  Item 11B. | | | | 14B. Date Service Center Employee Updating Business Partner  *(MM-DD-YYYY)* | | | |
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| **FOR DISTRICT DIRECTOR/AREA CONSERVATIONIST USE ONLY**  ***(OPTIONAL)*** | | | | | | | |
| ***15A. I concur/do not concur the above items have been properly updated.***  Concur  Do Not Concur | | | | | | | |
| 15B. Name of District Director/Area Conservationist for Spot Check | | | 15C. Signature of District Director/Area Conservationist for Spot Check | | | | |
|  | | |  | | | | |
| 15D. Title | | | 15E. Date *(MM-DD-YYYY)* | | | | |
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*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

*Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at* [*http://www.ascr.usda.gov/complaint\_filing\_cust.html*](http://www.ascr.usda.gov/complaint_filing_cust.html) *and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email:* [*program.intake@usda.gov*](mailto:program.intake@usda.gov)*. USDA is an equal opportunity provider, employer, and lender.*