

U.S. DEPARTMENT OF AGRICULTURE  
 AGRICULTURAL MARKETING SERVICE  
 LIVESTOCK AND SEED PROGRAM

**SOYBEAN PROMOTION, RESEARCH, AND CONSUMER  
 INFORMATION PROGRAM (SPARC)**

*A program of promotion, research, and consumer information designed to strengthen, expand, and develop  
 new foreign and domestic markets for soybeans and soybean products*

**STATEMENT OF CERTIFICATION OF NON-PRODUCER STATUS**

**INSTRUCTIONS:** Certificate must be filled out correctly and completely. When completed it must be given to the purchaser of your soybeans, otherwise the purchaser is required under Federal Law to deduct ½ percent of 1 percent of the net market price from the final settlement.

**Information on this form is required by (7 CFR 1220.241). Information is held confidential (7 CFR 1220.243).**

**PENALTIES You may, by law, be fined up to \$10,000, imprisoned up to 5 years, or both for knowingly or willfully making false statements within this document (18 U.S.C. §1001).**

**SELLERS STATEMENT**

I claim non-producer status for \_\_\_\_\_ bushels of soybeans which I am selling this date:  
 \_\_\_\_\_, 20\_\_\_\_\_.

SELLERS NAME

ADDRESS

CITY, STATE, ZIP

**CERTIFICATION STATEMENT**

**I certify that I have purchased the soybeans to be sold in the transaction accompanying this certification and therefore do not owe an assessment on such soybeans.**

(CHECK APPROPRIATE BOX)

I collected ½ percent of 1 percent of the net market value when beans were purchased.

I received a Statement of Certification of Non-Producer status (Form No. LP-48) from the person from whom I purchased these beans.

IDENTIFICATION NUMBER

SIGNATURE OF SELLER

POSITION/TITLE

DATE

**Name and address of company or individual reporting this transaction on their SOYBEAN REPORT AND REMITTANCE FORM (Form No. LP-46) (persons or entity to whom you are giving this certificate).**

BUYERS NAME

ADDRESS

CITY, STATE, ZIP

*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 0581-0093. The time required to complete this information collection is estimated to average .03 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.*

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