			REQU	JEST FOR	VERIFIC	ATION		OMB No. 0596-0082	
			- (Reference F	SH 6509.18	3)			
Instructions: Applicant - Complete items 1 thru 5. Forward directly to bank or lending institution.									
Bank or Please complete Items 6 thru 15. Return directly to									
	Lender - Resource Audit Branch, CFO Office, Albuquerque Service Center, Forest Service.								
101 B Sun Ave., NE, Albuquerque, NM 87109 Attn:									
PART I - REQUEST 1. TO: Name and Address of Bank or 2. FROM: (Name and Address of Applicant)									
						: (Name	and Add	iress of Applicant)	
other Lending institutions									
3. STATEMENT OF APPLICANT									
TYPE OF ACCOUNT				ACCOUNT NUMBER			CURRENT BALANCE		
CHECKING AC	Г								
SAVINGS ACCOUNT									
OTHER									
I have applied for a timber sale contract or concessionaire permit (please cross one out) with the National Forest and									
state that my balance with the bank or lending institution named in Item 1 are as shown in Item 3. My signature below									
authorizes verification of the information. Your response is solely a matter of courtesy for which no responsibility is									
attached to your institution or any of your officers.									
4. Signature of Applicant						5. Date			
PART II - VERIFICATION									
6. Does applicant have any outstanding loans? 10. Is the account less than 2 months old?									
Yes No If yes, fill Item 7.									
TYPES OF LOANS MONTHLY PYMT. PRESENT					BALANCE	11. D	Date acco	ount was opened:	
Secured									
						12. P	Payment	Experience:	
Unsecured							Favo		
8. Is applicant's statement in Item 3 correct?						If unfavorable, please explain in remarks.			
Yes No If no, fill Item 9.									
9. CURRENT BAL			BALANCES						
CHECKING				SAVINGS					
13. REMARKS:									
THE INFORMATION ON THIS FORM IS CONFIDENTIAL. IT IS TO BE TRANSMITTED DIRECTLY, WITHOUT									
PASSING THOROUGH THE HANDS OF THE APPLICANT OR ANY OTHER PARTY.									
14. Signature of bank or lending official.								15. Date	
								1 1	
False or fraudulent financial reporting on this form is subject to a fine or imprisonment under 18 U.S.C. 1001(a).									
Burden 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 0596-									
0082. The time required to complete this information collection is estimated to average 0.5 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.									

US DEPARTMENT OF AGRICULTURE, FOREST SERVICE

FS-6500-25 (V. 07/2012)

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