

## Instructions For FSA-669-A

### ***NOMINATION FORM FOR COUNTY (FSA) COMMITTEE ELECTION***

This form is used by eligible voters throughout the country to nominate individuals to the FSA County Committee.

Nominee(s)/Nominator(s) may submit the original of the completed form in hard copy or facsimile to the appropriate USDA servicing office.

Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing Office, provided that the customer submitting the form is the only person required to sign the transaction.

Features for transmitting the form electronically are available to those Nominees with access credentials only. If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

***Nominee/Nominator must complete Items 1 through 4b, and Nominee is requested to complete Item 8, which is voluntary information.***

#### *Items 1-4B*

<b>Fld Name / Item No.</b>	<b>Instruction</b>
1 Name of Nominee	Enter Name of Nominee. Type or print Nominee's First and Last Name.
2 Address of Nominee	Enter Address of Nominee.
3 Nominee's Certification	Enter a checkmark in the appropriate box. <ul style="list-style-type: none"> <li>• I do want to witness the settling of tie votes with another Nominee; or</li> <li>• I do not want to witness the settling of tie votes with another Nominee.</li> </ul>

4A Signature of Nominee	Nominee's signature. The nominee is required to sign this form, showing that they accept the nomination. If the nominee has an electronic signature on file the form may be submitted electronically.
4B Date	Nominee enters date (MM-DD-YYYY) signed.  If you are mailing or faxing this form, print the form and manually enter your signature. If this form is approved for electronic transmission and you are the nominee and have established credentials with USDA to submit forms electronically, use the buttons provided on the form for transmitting the form to the USDA servicing office.

*Items 5-7 are for FSA use only.*

<b>Fld Name / Item No.</b>	<b>Instruction</b>
8 Voluntary Information...	If you are the nominee, enter an "X" in the appropriate box indicating Ethnicity, Race and Gender. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your nomination or to discriminate against you in any way.