# Instructions For CCC-10

## Representations for CCC or FSA Loans and Authorization to File a Financing Statement and Related Documents

### Applicants for CCC marketing assistance loans use this form to make certain representations to CCC in order to obtain loans. For FSA Farm Loan Programs, the form is used only when an individual, who has not signed the FSA-410-1 loan application, is pledging security for a loan.

### Submit the original completed form in hard copy or a facsimile copy to the appropriate county FSA office, cotton Loan Servicing Agent, or peanut Designated Marketing Association.

## Producers must complete Items 1 through 9.

#### Items 1-9

| Fld Name/ Item No. | Instruction |
| --- | --- |
| Part A  Introduction | Please read the statements in this part. If you have questions, contact your appropriate FSA servicing office, cotton Loan Servicing Agent, or peanut Designated Marketing Association. |
| Part B  Representa-  tion of Undersigned | Enter information for undersigned in Items 1 through 8. |
| 1  Type of Undersigned | Check the box for individual if you conduct your farming operation as an individual.  Check the box for organization or entity if you conduct your farming operation as an organization or entity. |
| 2  Tax Identification Number | If you checked the box in Item 1 for organization or entity, enter the complete applicable tax identification number. |

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| Fld Name/ Item No. | Instruction | |
| 3  Undersigned’s Full Legal Name | If you checked the box in Item 1 for individual, enter your first, middle, last name and, if applicable, a suffix.  If you checked the box in Item 1 for organization or entity, enter the full legal name of the organization or entity. | |
| 4  Spouse’s Full Legal Name | If you checked the box in Item 1 for individual, enter the first, middle, last name and, if applicable, a suffix for your spouse. | |
| 5  State and County of Primary Residence if Undersigned is an Individual | If you checked the box in Item 1 for individual, enter the name of the State and county of your primary residence. | |
| 6  If Undersigned is an Organization or Entity | If you checked the box in Item 1 for organization or entity, enter the type of organization or entity. Acceptable types are corporations, general or limited partnerships, limited liability companies, and trusts. An informal joint operation or venture is not a legal entity. Members of an informal joint operation or venture are treated as individuals and members must complete individual CCC-10 forms. | |
| 7  If Undersigned is a Registered Organization or Entity | If the organization or entity is registered, it must be organized under the law of a single State and must be displayed in a State public record as being organized. If the organization or entity is registered, enter the state in which the organization or entity was created and is registered. | |
| 8  If Undersigned is a Non-Registered Organization or Entity | If the organization or entity is not registered, enter the State where the place of business is located or where the organization or entity conducts its affairs. | |
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| **Fld Name/ Item No.** | **Instruction** | | |
| Part C  Authorization To File  9  The Undersigned authorizes… | Read the statement in Item 9. If you have questions, contact your appropriate FSA servicing office, cotton Loan Servicing Agent, or peanut Designated Marketing Association. | | |
| **Note:** | Authorization to sign for another individual, organization or entity must be on file in the FSA office for the signature to be valid. | |
| 10A-10F  Signature of Individual | If you checked the box in Item 1 for individual, the individual identified Item 3 shall sign their full and complete name and, if applicable, a suffix, in Item 10A. An individual signing in a representative capacity shall also sign their name in Item 10A, followed by their title/relationship in Item 10B. The date  *(MM-DD-YYYY)* of signature shall be entered in Item 10C.  The individual identified in Item 4 shall sign their full and complete name, and if applicable, a suffix in Item 10D. An individual signing in a representative capacity shall also sign their name in Item 10D, followed by their title/relationship in Item 10E. The date  *(MM-DD-YYYY)* of signature shall be entered in Item 10F. | | |
| 11A-11F  Authorized Signatures for Organization or Entity | If you checked the box in Item 1 for an organization or entity, enter the legal name of the organization or entity in Item 11A. The individual authorized to sign for the organization or entity shall also sign their name in Item 11A, and include their title/relationship in Item 11B. The date *(MM-DD-YYYY)* of signature shall be entered in Item 11C. | | |
| Example: | | Item 11A- Hobbitt Farms, John H. Smith  Item 11B- Partner |
| If an additional signature is required for an organization or entity, that individual shall sign in Item 11D. Their title/relationship shall be entered in Item 11E, and the date *(MM-DD-YYYY)* in Item 11F. | | |