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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) <input type="checkbox"/> U.S. Resident <input type="checkbox"/> Resident Alien (I-551 Required) <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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) <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American	6B. Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	6C. Gender (Individual): <input type="checkbox"/> Male <input type="checkbox"/> Female	6D. Gender (Legal Entity) <input type="checkbox"/> Not applicable/unknown <input type="checkbox"/> Organization/Female Owned <input type="checkbox"/> Organization/Male Owned <input type="checkbox"/> Organization/Other (no clear male/female ownership)
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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? <input type="checkbox"/> YES (If "YES," list States and/or Counties below:) <input type="checkbox"/> NO		
9. Reason for Request (Check appropriate box(es) below): <input type="checkbox"/> New Producer <input type="checkbox"/> Address Change <input type="checkbox"/> Telephone Change <input type="checkbox"/> Sale/Purchase <input type="checkbox"/> Life Event <input type="checkbox"/> 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) <input type="checkbox"/> FSA <input type="checkbox"/> NRCS <input type="checkbox"/> RD	11B. Initials of Employee Receiving Request (If Different than Item 14A)	11C. Date Service Center Employee Received the Request (MM-DD-YYYY)
12. How the Request for Change was Received: <input type="checkbox"/> Office Visit <input type="checkbox"/> Telephone <input type="checkbox"/> FAX <input type="checkbox"/> USPS <input type="checkbox"/> 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)	
FOR DISTRICT DIRECTOR/AREA CONSERVATIONIST USE ONLY (OPTIONAL)		
15A. I concur/do not concur the above items have been properly updated. <input type="checkbox"/> Concur <input type="checkbox"/> 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)	

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 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. USDA is an equal opportunity provider, employer, and lender.