

**FSA-2342**  
(10-17-14)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

**CERTIFICATION OF TITLE AGENT**

**PART A - ADDRESS**

1. Name of Agent or Company	2. FSA Office

**PART B - REQUEST**

1. You have been selected by (a) \_\_\_\_\_

to prepare a title opinion/title insurance, and handle the loan closing in connection with the loan application filed with the Farm Service Agency (FSA) for the property located at (b) \_\_\_\_\_

If you desire to do this work, please either complete Part C and return this form to the FSA office or submit a closing protection letter. The closing protection letter should be issued by an approved title insurance company on an American Land Title Association (ALTA) form or otherwise be acceptable to the agency and protect the agency against damage, loss, fraud, theft, or injury as a result of negligence by the issuing agent, approved attorney, or title company. FSA assumes no liability or responsibility for payment of any portion of the loan closing fees. Do not begin work on this case until you are notified by FSA that, based on the information presented, you have been approved.

2A. Name	2B. Title
2C. Signature	2D. Date

**PART C - CERTIFICATION**

1. I certify that (a) \_\_\_\_\_ a title company, is licensed to do business in the State of (b) \_\_\_\_\_ and is approved by the State Insurance Commission of (c) \_\_\_\_\_

All employees and associates having access to the funds involved in this loan are currently covered by a fidelity bond in the amount of at least (d) \$ \_\_\_\_\_ for each individual. The DUNS number associated with the title agent/company is (e) \_\_\_\_\_. The CAGE number is (f) \_\_\_\_\_ (if known).

2A. Name	2B. Title
2C. Signature	2D. Date

**PART D - FSA APPROVAL**

1. FSA'S Decision:  
Approved  Disapproved

2A. Name	2B. Title
2C. Signature	2D. Date

**NOTE:** *The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 et. seq.). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. The information collected on this form may be disclosed to other Federal, State, and 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 the applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.*

*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 0560-0237. The time required to complete this information collection is estimated to average 20 minutes 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. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

*The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).*

*If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider and employer.*