| This form is available electronically. |
|--|
| |

| (10-13-15) U.S. DEPARTMENT C | | POSITION 3 | | |
|--|---|--|--|--|
| REQUEST FOR WAIVER OF BORROWER TRAINING | | | | |
| REQUIREMENTS / BORROWER TRAINING ASSESSMENT | | | | |
| PART A – WAIVER REQUEST | | | | |
| FSA may waive the financial and/or production training requirements | if the applicant has: | | | |
| Successfully completed a financial management training program or has sufficient practical experience including a demonstrated ability to keep records. Applicant must submit evidence of having completed a similar course as those approved by FSA, including description of content and subjects covered in the course, grade received, or certificate of completion or information related to their practical experience. Information previously submitted (such as college transcripts and list of training courses previously completed) does not need to be resubmitted. Experience and/or training which demonstrates the abilities necessary for successful and efficient production. Applicant must submit, at a minimum, production records for the past 3 years and explain how the production records demonstrate production ability. Subsequent waiver requests may utilize information on file and previously submitted information does not | | | | |
| need to be resubmitted. 1. I (a) request FSA grant a waiver | | | | |
| | | | | |
| from (<i>b</i>) financial management and/or (<i>c</i>) production borrower training requirements, contained in 7 CFR 764, based on (<i>d</i>) the attached documentation, or (<i>e</i>) the following: | | | | |
| based on (a) ine attached documentation, of (e) ine following. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 2A. Signature (only required for Borrower Training Waiver Request) | | 2B. Date (MM-DD-YYYY) | | |
| | | | | |
| PART B – FSA USE ONLY | | | | |
| 3A. FSA's Waiver Request Decision: | 3B. If Denied, Reason for Denial | | | |
| APPROVED: Financial Management Production | | | | |
| DENIED: Financial Management Production | | | | |
| 3C. FSA's Assessment of Previous Waiver and Completed Training | 3D. Comments | | | |
| Additional Training is not required (Check all that apply): | | | | |
| Prior Waiver Remains Valid | | | | |
| Completed Training on: | | | | |
| Training requirement reconsidered and training <u>is</u> required | | | | |
| (Check all that apply) (See comments in Item 3D): | | | | |
| Financial Management Production | | | | |
| 4A. Name | 4B. Title | | | |
| | | | | |
| 4C. Signature | 4D. Date (MM-DD-YYYY) | | | |
| NOTE: The following 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 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 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. The valid OMB control number for this information collection is 0560-0237. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE. | | | | |
| is the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. loans and loan guarantees, and servicing of loans and loan guarantees. The government agencies, Tribal agencies, and nongovernmental entities that hay described in the applicable Routine Uses identified in the System of Records voluntary. However, failure to furnish the requested information may result in The provisions of criminal and civil fraud, privacy, and other statutes may be a According to the Paperwork Reduction Act of 1995, an agency may not condu unless it displays a valid OMB control number. The valid OMB control number time required to complete this information collection is estimated to average 3 existing data sources, gathering and maintaining the data needed, and review COUNTY FSA OFFICE. | 1921 et. seq.). The information will be us information collected on this form may be re been authorized access to the informan Notice for USDA/FSA-14, Applicant/Borro a denial for loans and loan guarantees, a applicable to the information provided. Inct or sponsor, and a person is not require r. The valid OMB control number for this O minutes per response, including the tim ving the collection of information. RETUR | sed to determine eligibility and feasibility for disclosed to other Federal, State, and local ion by statute or regulation and/or as wer. Providing the requested information is and servicing of loans and loan guarantees. ed to respond to, a collection of information information collection is 0560-0237. The e for reviewing instructions, searching IN THIS COMPLETED FORM TO YOUR | | |
| is the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. loans and loan guarantees, and servicing of loans and loan guarantees. The government agencies, Tribal agencies, and nongovernmental entities that hay described in the applicable Routine Uses identified in the System of Records voluntary. However, failure to furnish the requested information may result in The provisions of criminal and civil fraud, privacy, and other statutes may be a According to the Paperwork Reduction Act of 1995, an agency may not condu unless it displays a valid OMB control number. The valid OMB control number time required to complete this information collection is estimated to average 3 existing data sources, gathering and maintaining the data needed, and review | 1921 et. seq.). The information will be us information collected on this form may be ve been authorized access to the informat Notice for USDA/FSA-14, Applicant/Borrc a denial for loans and loan guarantees, a applicable to the information provided. Lict or sponsor, and a person is not require r. The valid OMB control number for this of minutes per response, including the tim- ring the collection of information. RETUR Dolyment on the bases of race, color, national origin, age, is derived from any public assistance program, or protect ties.) Persons with disabilities, who wish to file a program TARGET Center at (202) 720-2600 (voice and TDD). In | sed to determine eligibility and feasibility for disclosed to other Federal, State, and local ion by statute or regulation and/or as ower. Providing the requested information is and servicing of loans and loan guarantees. ed to respond to, a collection of information information collection is 0560-0237. The se for reviewing instructions, searching IN THIS COMPLETED FORM TO YOUR disability, sex, gender identity, religion, reprisal, and where ed genetic information in employment or in any program or complaint, write to the address below or if you require | | |

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, 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. USDA is an equal opportunity provider and employer.