Form Approved – OMB No. 0505-0025 Expiration Date: 04/30/2019

AD-3030 U.S. DEPARTMENT OF AGRICULTURE

REPRESENTATIONS REGARDING FELONY CONVICTION AND TAX DELINQUENT STATUS FOR CORPORATE APPLICANTS

Note: You only need to complete this form if you are a corporation. A corporation includes, but is not limited to, any entity that has filed articles of incorporation in one of the 50 States, the District of Columbia, or the various territories of the United States including American Samoa, Federated States of Micronesia, Guam, Midway Islands, Northern Mariana Islands, Puerto Rico, Republic of Palau, Republic of the Marshall Islands, or the U.S. Virgin Islands. Corporations include both for profit and non-profit entities.

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552(a), as amended). The authority for requesting the following information for U.S. Department of Agriculture (USDA) Agencies and staff offices is in §745 and 746 of the Consolidated Appropriations Act, 2016, Pub. L. 114-113, as amended and/or subsequently enacted. The information will be used to confirm applicant status concerning entity conviction of a felony criminal violation, and/or unpaid Federal tax liability status.

information unless it displays a valid ON required to complete this information co	Act of 1985 an agency may not conduct or sponsor, and a page 18 control number. The valid OMB control number for this in the lection is estimated to average 15 minutes per response, in the ing and maintaining the data needed, and completing and references.	nformation collection is 0505-0025. The time ncluding the time for reviewing instructions,
1. APPLICANT'S NAME	2. APPLICANT'S ADDRESS (Including Zip Code)	3. TAX ID NO. (Last 4 digits)
application? YES NO	lony criminal violation under any Federal law in the 24 r	, c
exhausted or have lapsed, and that is no the tax liability? YES NO	ot being paid in a timely manner pursuant to an agreeme	ent with the authority responsible for collecting
ŭ ,	tary. However, failure to furnish the requested information ant, loan, loan guarantee, or cooperative agreement wit	
PART B - SIGNATURE		
5A. APPLICANT'S SIGNATURE (BY)	5B. TITLE/RELATIONSHIP OF THE INDIVID SIGNING IN A REPRESENTATIVE CAPACIT	,
and where applicable, sex, marital status, familia or part of an individual's income is derived from a	hibits discrimination in all of its programs and activities on that status, parental status, religion, sexual orientation, political any public assistance program. (Not all prohibited bases approgram information (Braille, large print, audiotape, etc.) sh	al beliefs, genetic information, reprisal, or because all oply to all programs.) Persons with disabilities who

720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

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