

**AD-2047**  
 (01-08-24)

**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**

1. Reason for Request (Check appropriate box(es) below:)

- New Customer       Update Existing Customer Record

2A. Customer's Full Name or Business Name and Address  
 (Including Zip Code)

2B. Customer Business Type (Example: Individual, Corporation, LLC, Estate, Trust, etc.)

2C. Home Telephone Number (Area Code)

2D. Business Telephone Number (Area Code)

2E. Mobile Telephone Number (Area Code)

2F. Email Address

2G. Does the customer want to receive sensitive (but non-PII) Producer or farm specific related emails?  
 YES       NO

3A. Taxpayer Identification Number (Complete TIN for new customer or last 4 digits for existing customer) and Type (SSN, EIN, ITN, etc)

3B. Birthdate (Only required if the customer is a minor)

3C. Citizenship Status: (For Individuals Only)

- U.S. Resident       Resident Alien (I-551 Required)  
 Not a US Citizen or Resident Alien  
 Citizenship country if not US:

3D. Originating Country (For Foreign Entities Only)

**Demographic Information**

Departmental Regulation 4370-001 provides USDA's policies for collecting demographic data, including race, ethnicity and sex. 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 4A, 4B or 4C if the information has previously been provided to USDA. A customer identified in Item 2A that is a legal entity must base responses to the race, ethnicity and sex on the individual persons holding at least 50 percent ownership interest in the legal entity.

4A. Race: (Note: More than 1 may be selected)

- American Indian / Alaskan Native  
 Native Hawaiian/Other Pacific Islander  
 Asian  
 White  
 Black/African American  
 I do not want to provide Race information at this time.

4B. Ethnicity:

- Hispanic or Latino  
 Not Hispanic or Latino  
 I do not want to provide Ethnicity information at this time.

**Note:** See instructions for legal entities

4C. Sex (Individual):

- Male  
 Female  
 I do not want to provide Sex information at this time.

4D. Sex (Legal Entity)

- Not applicable/unknown  
 Organization/Female Owned  
 Organization/Male Owned  
 I do not want to provide Gender information at this time

**Note:** See instructions for legal entities

Date Stamp

5. Customer has interest in one or more of the following agencies. (Check Appropriate Agency(ies) below:)		
<input type="checkbox"/> AMS <input type="checkbox"/> FSA <input type="checkbox"/> NRCS <input type="checkbox"/> RMA <input type="checkbox"/> RD		
6. Is the Customer a Multi-County Producer? <input type="checkbox"/> YES (If "YES," list States and/or Counties below:) <input type="checkbox"/> NO		
7. See form instructions for signature requirements.		
7A. Customer Signature	7B. Title/Relationship	7C. Date (MM-DD-YYYY)
<b>PART B SERVICE CENTER ACTION</b>		
8A. Agency Who Received Request: (Check one below)	8B. Initials of Employee Receiving Request (If Different than Item 12A)	8C. Date Service Center Employee Received the Request (MM-DD-YYYY)
<input type="checkbox"/> FSA <input type="checkbox"/> NRCS <input type="checkbox"/> RD		
9. 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"/> Box <input type="checkbox"/> One Span <input type="checkbox"/> Other (Specify):		
10. COC LAA:		
11. Remarks, if Applicable:		
12A. Signature of Employee Updating Business Partner if not initialed in Item 8B.	12B. Date Service Center Employee Updating Business Partner (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, 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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). 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 [How to File a Program Discrimination Complaint](#) 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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).*

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