Form Approved – OMB No: 0560-0237
OMB Expiration Date: XX/XX/XXXX
(See page 2 for Privacy Act and Public Burden Statements.)

FSA-2370
(XX-XX-XX)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

REQUEST FOR WAIVER OF BORROWER TRAINING REQUIREMENTS / BORROWER TRAINING ASSESSMENT

INSTRUCTIONS: Return this completed form to your County FSA Office.

PART A – WAIVER REQUEST

FSA may waive the financial training requirement if the applicant has successfully completed a financial management training program or has sufficient practical experience. To document a waiver based on training, the 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. A waiver based on practical experience will be demonstrated by documentation of successful farm financial determinations and recordkeeping. Information previously submitted (such as college transcripts and list of training courses previously completed) does not need to be resubmitted.

1. I *(a)* _____ request FSA grant a waiver from financial management borrower training requirements, contained in 7 CFR 764, based on *(b)* ☐ the attached documentation, or *(c)* ☐ the following statement below:

2A. Signature *(only required for Borrower Training Waiver Request)*	2B. Date (MM/DD/YYYY)

PART B – FOR FSA USE ONLY

3A. FSA's Waiver Request Decision:	3B. If Denied, Reason for Denial
☐ **APPROVED** ☐ **DENIED**	
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 is required *(See comments in Item 3D)*.	
4A. Name	4B. Title
4C. Signature	4D. Date (MM/DD/YYYY)

Privacy Act Statement: *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 applicant/borrower ability to participate in and receive benefits under an FSA Loan Program. 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 determination that the applicant/borrower is unable to participate in and receive benefits under an FSA Loan Program.*

Public Burden Statement (Paperwork Reduction Act): *According to the Paperwork Reduction requirement, 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 30 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden by emailing to: askusda@usda.gov.* ***RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

Non-Discrimination Statement: *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 https://www.usda.gov/oascr/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.

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