Form Approved – OMB No. 0560-0237
OMB Expiration Date XX/XX/XXXX

This form is available electronically. *(See Page 2 for Privacy Act and Public Burden Statements.)*

FSA-2341 NY
(XX-XX-XX)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 5

CERTIFICATION OF ATTORNEY FOR NEW YORK

PART A - ADDRESS

1. Attorney Name and Address	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 property located at *(b)* _____ .
If you desire to do this work, please complete Part C and return this form to the FSA office immediately. 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 *(MM-DD-YYYY)*

PART C – ATTORNEY CERTIFICATION

1. I hereby certify that I:
   (a) am a practicing attorney;
   (b) am a member in good standing of the bar of
   (c) _____ ;
   (d) have current knowledge of the requirements of State law in connection with loan closing and title clearance;
   (e) and my spouse, children, or business associates do not have a financial interest in this property.

2. I will provide title clearance through the use of:
   (a) ☐ a title opinion.
   (b) ☐ a title insurance policy (either liability insurance and fidelity bond or agent approval letter are required).

3. I am currently covered with Lawyer's Professional Liability Insurance in the amount of *(a)* **$** _____ per occurrence issued by *(b)* _____ of *(c)* _____ _____ .

The deductible is *(d)* **$** _____ . The policy number is *(e)* _____ .

Coverage expires on *(f)* _____ .

I, and all of my 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 *(g)* **$** _____ for each individual.

4A. Signature	4B. Date *(MM-DD-YYYY)*

PART D – FSA APPROVAL		
1. FSA'S Decision: Approved ☐ Disapproved ☐		
2A. Name	2B. Signature	2C. Date

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 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. 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.***

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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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