

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency
Washington, DC 20250

**Common Management and
Operating Provisions
1-CM (Revision 3)**

Amendment 53

Approved by: Acting Deputy Administrator, Farm Programs



Amendment Transmittal

A Reasons for Amendment

Subparagraph 707 A has been amended to:

- clarify that nothing in this handbook gives persons additional time in which to file program applications, contracts, or other documents
- clarify that FSA-211 is no longer valid for attorney signatures following the principal's death
- specify that prior actions on payment issuances on file shall not be deemed as evidence of authority of someone to sign on behalf of another
- further clarify when program contracts, applications, or other documents may be considered valid
- allow County Offices to require identification and supporting documentation for any signature.

Paragraph 779 has been amended to:

- change the title of the paragraph
- add a note specifying that the provisions of the paragraph do not apply to TTPP
- add subparagraph B to provide guidance on:
 - processing requests for payment issuance
 - responding to requests for payments due persons who have died, disappeared, or have been declared incompetent
- add subparagraph C to provide guidance on processing forms signed by persons asserting legal representative.

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Section 3 General Rules of Authority

707 Policy on Evidence of Authority and Signature Limitations

A General Rule for Signature Authority

*--Nothing in this handbook or 7 CFR Part 707 gives persons additional time in which to file program applications, contracts, or other documents. Rather, this handbook discusses what evidence is required before FSA will act on properly filed program instruments.

County Offices must verify signature authority for all entities and joint operations by--* reviewing checked box or boxes on forms:

- CCC-902E, Part C, Column F
- CCC-901, Part A, Column 5, as applicable.

* * *

Notes: Evidence of signature authority for individuals including spouses and minors has **not** *--been revised. Procedure about evidence of authority of persons seeking payments on behalf of deceased, disappeared, or persons declared incompetent appears in paragraph 779.--*

* * *

This policy does **not** apply to:

- representatives of cotton, rice, or peanut buyers (1-CM, paragraph 731)
- FSFL Program
- TTPP

* * *

- MILC (**producers participating in MILC only**)
- FLP's.

Note: County Office employees shall follow signature authority requirements in applicable handbooks for these programs.

*--If the legitimacy of documents provided as evidence of authority to sign is questioned, FSA will seek review from OGC. County Offices will:

- forward copies of the documents to the State Office for review
- refrain from issuing payments or further actions pending response from either the State Office or, if the State Office deems it necessary, the Regional Attorney.--*

707 Policy on Evidence of Authority and Signature Limitations (Continued)

A General Rule for Signature Authority (Continued)

*--The following are examples of properly signed CCC-902E's for entities and joint operations.

- Limited Liability Company (J&J LLC)

PART C - MEMBER INFORMATION (Use CCC-902E Continuation if additional space is needed for any information in Part C)					
1. Members - List all members/shareholders of the entity identified in Part A of this form:					
A. Name	B. Tax ID Number (Last 4 digits if already on file)	C. % Share	D. Position and Salary (if applicable)	E. Family Member Relationship (if applicable)	F. Does this member have signature authority for the legal entity? (Yes or No)
John A. Member	1111	50	\$	Brother	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Jane A. Member	2222	50	\$	Sister	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

PART L - CERTIFICATION - (FOR JOINT VENTURES AND GENERAL PARTNERSHIP, A SIGNATURE IS REQUIRED FOR EACH MEMBER)		
<p>I certify that all the information entered on this document and any supporting documentation is true and correct. I understand that furnishing incorrect information will result in forfeiture of payments and may result in the assessment of a penalty. I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in this farming operation. By signing this form I acknowledge that:</p> <ul style="list-style-type: none"> all supporting documentation has been submitted as required I have reviewed and understand all definitions and requirements on Page 6 of this form. all information will be considered in effect continuously unless changes or revisions are submitted. it is my responsibility to timely notify FSA in writing of any changes that may affect these representations, including, but not limited to: the composition of the entity identified in Part A; the farming, ranching or forestry operation of the entity identified in Part A; financial status of the entity identified in Part A. evidence such as tax records, certified public accountant's certification, or other documentation may be required to validate these representations and I will take all necessary actions to provide such materials to the applicable State or county committee if requested by FSA. it is my responsibility to timely notify FSA in writing of any successors who acquire an interest in this farming operation as the result of the death of a member or shareholder. 		
1. Signature (By)	2. Title/Relationship of Individual Signing in the Representative Capacity	3. Date (MM-DD-YYYY)
John A. Member	Member, J&J LLC	04-02-2009

--*

707 Policy on Evidence of Authority and Signature Limitations (Continued)

A General Rule for Signature Authority (Continued)

--County Offices will verify that signature authority is on file in the County Office before approving, acting on, or authorizing payments to be disbursed for any program or related documents on behalf of another. See subparagraph C for special rules for spouses. See paragraph 779 for cases involving deceased persons or persons disappeared or declared incompetent.--

Notes: Evidence of signature authority related to non-FSA/CCC forms and documents, such as cash leases, is not required and does not have to be on file.

Before April 2, 2009, the following types of evidence for authorized signature may be acceptable, if dated on or before the signature date. COC may require any of the following for authentication:

- presentation of the original document, such as corporate charter, bylaws, court orders of appointment, trust agreement, last will and testament, articles of partnership, articles of organization, operating agreements
- FSA-211

*--**Note:** In cases where a principal has died, FSA-211 is no longer valid for attorney signatures following the principal's death.--*

- notarization
- an affixed official seal.

Example: Documentation, such as corporate charter, indicating who is authorized to sign for a corporation must be on file in the County Office before County Office may accept a signature on any program document for the corporation.

*--County Offices finding prior actions on payment issuances on file shall **not** be deemed as evidence of authority to sign.

County Offices shall consider a signature of an individual acting in a representative capacity to be valid, even though there was not a proper signature authority on file in the County Office at the time the individual signed a contract, application, or other document in a representative capacity, if **all** of the following apply:

- the program contract, application, or other document was signed by the participant, applicant, or authorized representative according to the contract or program's rules--*
- the individual signing the contract, application, or other document did not knowingly or willfully falsify evidence of signature authority or the signature

707 Policy on Evidence of Authority and Signature Limitations (Continued)**A General Rule for Signature Authority (Continued)**

- documentation of signature authority, considered acceptable according to this handbook, is submitted to the County Office indicating the individual had authority to sign the *--contract, application, or other document in a representative capacity on the day that signature was affixed on the contract, application, or other document.

The County Office may require the person who claims to have signature authority to:

- provide ID
- file a signature with the County Office
- submit documents supporting the claim of authority.--*

B Maintaining Documentation Before April 2, 2009

The entire document presented does **not** have to be maintained. However, all applicable pages that identify the entity, pertinent authority, and any limitations, etc, **must** be maintained.

Example: If the trust is represented to be an irrevocable trust, procedure in 1-PL requires review of the trust agreement to determine if it contains a provision that would result in the trust being considered a revocable trust for payment limitation purposes. See 1-PL, subparagraph 362 B.

777 Order of Precedence of Representatives (Continued)

C Incompetent Producer

When the producer has been declared incompetent, any payments due will be made to the appointed guardian or conservator. When there is no guardian or conservator, this is the order of precedence of payments for the incompetent person's benefits:

- when the payment is \$1,000 or less:
 - spouse
 - adult son or daughter, or grandchild
 - mother or father
 - adult brother or sister

- when the payment is more than \$1,000, whatever person is authorized under State law of the incompetent producer's State of domicile.

778 Offset Provisions

A Authorized Offsets

Payments made to representatives are subject to offset regulations.

***--779 Responding to Requests for Payments Due Persons Who Have Died, Disappeared, or Have Been Declared Incompetent**

A Regulation--*

[7 CFR 707.7] Release application.

No payment may be made under this part unless a proper program application was filed in accordance with the rules for the program that generated the payment. That application must have been timely and filed by someone legally authorized to act for the deceased, disappeared, or declared incompetent person. The filer can be the party that earned the payment themselves—such as the case of a person who filed a program application before they died—or someone legally authorized to act for the party that earned the payment. All program conditions for payment must have been met before the death, disappearance, or incompetency except for the timely filing of the application for payment by the person legally authorized to act for the party earning the payment. But, further, for the payment to be released under the rules of this part, a second application must be filed. That second application is a release application filed under this section. In particular, as to the latter, where all other conditions have been met, persons desiring to claim payment for themselves or an estate in accordance with this part 707 must do so by filing a release application on Form FSA-325, “Application for Payment of amounts Due Persons Who Have Died, Disappeared or Have been Declared Incompetent.”

***--Notes:** These provisions and FSA-325 do **not** apply to TTPP and CCC-931’s.

See:

- 16-TB for policy about rights to TTPP payments of deceased persons or dissolved entities
- subparagraph C and 4-PL for policy on CCC-931’s.

B Processing Requests for Payment Issuance

Before approving payment issuance under any application, contract, or loan agreement for a person other than the participant in situations where the participant had died, has disappeared, or has been declared incompetent, the County Office will:

- verify and determine that the application, contract, loan agreement, or other similar form requesting payment issuance has been signed by the applicable deadline for such form by the following:
 - the program, contract, or loan participant or participants--*

***--779 Responding to Requests for Payments Due Persons Who Have Died, Disappeared, or Have Been Declared Incompetent (Continued)**

B Processing Requests for Payment Issuance (Continued)

- someone legally authorized to act for the program, contract, or loan participant or participants

Notes: See subparagraph C and paragraph 707.

In cases where someone other than a participant is signing the program application, contract, or loan application, FSA requires documentary evidence of that legal authority before further processing the program application, contract, or loan application.

According to subparagraph C, FSA will **not** authorize the disbursement of payments and will seek advice of the Regional Attorney if there is any question about the documentary evidence of authority of persons asserting legal authority to sign on behalf of individuals who have died, disappeared, or have been declared incompetent.

- in instances where the application, contract, or loan agreement form was signed by someone other than the participant who is deceased, has disappeared, or has been declared incompetent, determine whether the person submitting the form has the legal authority to submit the form to compel FSA to pay the deceased, disappeared, or declared incompetent participant

Note: Follow subparagraph C in making this determination.

- **not** issue any sort of decision or extent of eligibility decision to anyone other than participants

Note: Persons who may or may not have legal authority to submit applications seeking payments on behalf of others have no “right” of participation themselves nor are they entitled to determinations. In those instances, a communication may be sent advising that FSA cannot process the application contract or loan agreement form without additional documentation submitted for consideration. Those persons are only considered to be acting on behalf of participants, to the extent FSA accepts the assertion that the person has that legal authority.

- **not** advise persons or speculate about who might be considered to be a legal authorized representative of a participant.

Note: FSA is **not** responsible for advising persons in obtaining legal advice on how to go about obtaining program benefits that may have been due a participant who has died, disappeared, or who has been declared incompetent. FSA should only provide information that FSA can only act on valid applications of participants or those instruments submitted by deadlines by a participant or the participant’s legal representative.--*

***--779 Responding to Requests for Payments Due Persons Who Have Died, Disappeared, or Have Been Declared Incompetent (Continued)**

C Processing Forms Signed by Persons Asserting Legal Representative

Except for CCC-931's, upon receiving the program application, contract, or loan agreement form signed by someone asserting that they are an authorized representative of the participant who is deceased, disappeared, or declared incompetent, the representative will submit, unless already on file, documentation supporting the authorization. Some examples of documentation could include, but are not limited to, the following:

- court order detailing the authorization
- domiciliary letter
- document showing appointment of the person as executor, administrator, or some similar title and authority
- documentation supporting that a person has signed.

If the County Office has any question that the documentation submitted does **not** clearly authorize the representative to sign, the County Office will forward a copy of the program application, contract, or loan agreement form signed by the representative together with a copy of the documentation submitted in support of the signature to the Regional Attorney through the State Office.

Under no circumstances will FSA employees advise or speculate about the participant's extent of eligibility with persons who have **not** been found to be legal authorized representatives of the participant.

Procedure for acceptable signatures on CCC-931 on behalf of an individual who is deceased, disappeared, or declared incompetent will be issued in 4-PL.

D When to Use FSA-325--*

Use FSA-325 **only** when it is requested that a payment earned by a deceased, missing, or incompetent program participant be issued in a name other than that of the deceased, disappeared, or declared incompetent program participant.

Payments will be issued to the respective qualified claimant's names using the deceased, missing, or incompetent program participant's tax identification number.

E FSA-325 Application Number

Leave this block blank if application numbers are not used in the programs involved.

--779 Responding to Requests for Payments Due Persons Who Have Died, Disappeared, or Have Been Declared Incompetent (Continued)--

F Number of Applications to File

Only one FSA-325 needs to be executed even though application is filed for payments under more than 1 program. Enter the name of each program on the application.

Note: Payments to qualified claimants shall be processed through payment centralization using the “Alternate Payee Indicator” that is limited to specific programs and specific circumstances. If the “Alternate Payee Indicator” is not available for the applicable program payment, the county will need to set the “Other Agency Claim” flag in Financial Services to make the payment to another party.

G Affidavit Needed for Missing Producer

When a producer has disappeared, obtain an affidavit from the applicant and a disinterested person who was well acquainted with the missing person to show that:

- the person has been missing more than 3 months
- a diligent search has failed to reveal the person’s whereabouts
- the person has not communicated during the period with other persons who would have expected to hear from the person.

File the affidavits with the completed FSA-325.

H Filing FSA-325

FSA-325 shall be filed with the:

- County Office by qualified representatives for program payments
- local FS forest supervisor when used for NSCP.

I Application and Contract Requirements

*--The application or contract required by the program handbook must be filed by the deadline set for the particular program under rules and procedures governing the instrument. The application, contract, or loan agreement must be on file in the County Office and either of the following:

- signed by the participant or legal representative
- signed by the authorized representative on FSA-325.--*

--779 Responding to Requests for Payments Due Persons Who Have Died, Disappeared, or Have Been Declared Incompetent (Continued)--

J Example of FSA-325

Following is an example of FSA-325.

REPRODUCE LOCALLY. Include date and form number on all reproductions.		Form Approved - OMB No. 0560-0026	
FSA-325 U.S. DEPARTMENT OF AGRICULTURE (02-26-95) Farm Service Agency APPLICATION FOR PAYMENT OF AMOUNTS DUE PERSONS WHO HAVE DIED, DISAPPEARED, OR HAVE BEEN DECLARED INCOMPETENT (See reverse for Instructions and Privacy Act and Public Burden Statements.)		FOR USE OF FSA COUNTY OFFICE 1. STATE AND COUNTY CODE 31-001 2. APPLICATION NO. 3. PROGRAM AMTA 4. PROGRAM OR MKTG. YR. 199X	
PART A - REPRESENTATIONS AND APPLICATION FOR PAYMENT			
5. It is hereby certified that the person named in item 6 died, was declared incompetent, or disappeared, as indicated, on the date shown in item 7, and there exists a claim for payment due said person under one of the programs of the Department of Agriculture referred to in the regulations pursuant to which this application is made, which claim includes unnegotiated checks or certificates, shown in items 8 and 9, payable to the order of such person. On the basis of the facts set forth below, each of the undersigned applies for payment of his/her share of such claim.			
6. NAME Daniel Mills		7. <input checked="" type="checkbox"/> DIED <input type="checkbox"/> DISAPPEARED WAS DECLARED INCOMPETENT <input type="checkbox"/> DATE 10-11-9X	
8. UNNEGOTIATED CHECK OR CERTIFICATE NUMBERS 151515151		9. AMOUNT \$ 420.00 DATE 11-2-9X	
10. It is certified that the persons named in item 11 below constitute all the persons authorized by the regulations to submit application for the amount of said claim including any unnegotiated checks or certificates drawn payable to the order of the person named in item 6 and the following is a correct statement of the data respecting such persons required by said regulations. If among the persons listed below there are minors or incompetents, they are in the care and custody of a natural guardian, custodian, legally appointed guardian, conservator, or committee, as the case may be, and the payments applied for will be used for their benefit and support.			
11. NAME AND ADDRESS Peggy Mills		12. RELATIONSHIP OR CAPACITY Daughter	
If any of the persons named in item 11 above is now a minor or is incompetent, the name of each such person and the name of his/her natural guardian, custodian, legally appointed guardian, conservator, liquidator, or committee, as the case may be, are stated below:			
13. NAME OF MINOR OR INCOMPETENT AND NATURE OF DISABILITY N/A		14. NAME AND ADDRESS OF REPRESENTATIVE OF MINOR OR INCOMPETENT (Indicate whether Guardian, Custodian, Committee, Conservator or Liquidator) N/A	
15. In case this claim is made by reason of the death of the person named in item 6 each undersigned applicant, if other than an administrator or executor, represents that there has not been and it is not contemplated that there will be administration of the estate, or that administration of the estate is closed.			
16. If this form is used in connection with an application for payment or other document executed by the undersigned and is submitted as a basis for a payment not previously made to the person who died, disappeared, or was declared incompetent, words such as "the applicant," "the undersigned," and the "producer," in such application for payment or similar document shall, as the context thereof may require, be deemed to refer (a) to the applicants signing this application, or (b) to the person who died, disappeared, or was declared incompetent, or (c) to both. Any statement or declaration in such document of acts performed by the person who died, disappeared or was declared incompetent shall be considered to have been made to the best of the knowledge, information, and belief of the successor(s) or representative(s) who sign this application.			
17. SIGNATURE OF EACH PERSON LISTED IN ITEM 11 OR HIS/HER REPRESENTATIVE AS SHOWN IN ITEM 14.			
SIGNATURE		DATE	
/s/ Peggy Mills		11-3-9X	
SIGNATURE		DATE	
SIGNATURE		DATE	
PART B - CERTIFICATE OF COUNTY FSA COMMITTEE			
The undersigned authorized county FSA committee representative certifies that each applicant whose signature appears above has the authority to act in the capacity indicated; that the right of the applicant(s) to file this claim was determined in accordance with the regulations of the Department of Agriculture; that the statements contained herein have been examined and are true and correct to the best of the knowledge and belief of the undersigned; and that, if the application is based on the disappearance of the person there have been presented to the county FSA committee, and there are now on file in the office of the committee, the affidavits as required by the regulations issued by the Department of Agriculture.			
FOR THE COUNTY FSA COMMITTEE /s/ Ed Jones			DATE 11-3-9X
PART C - CHECKS OR CERTIFICATES ISSUED			
18. CHECKS OR CERTIFICATE NUMBERS 151515151			DATE 11-3-9X
This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or disability.			

Reports, Forms, Abbreviations, and Redelegations of Authority

Reports

This table lists the required reports of this handbook.

Reports Control Number	Title	Reporting Period	Submission Date	Negative Reports	Reference
RPT-I-00-CM-08-1	Payments to Producers Identified as Deceased Report	Quarterly	30 calendar days after notification is received that the reports have been posted.	No	976-978, 1001, 1006, Ex. 125

Forms

This table lists all forms referenced in this handbook.

Number	Title	Display Reference	Reference
AD-1026	Highly Erodible Land Conservation (HELIC) and Wetland Conservation (WC) Certification		750, 753
AD-2017	Service Center Information Management System (SCIMS) Access Form	Ex. 11.4	141, Ex. 2
AD-2047	Customer Data Worksheet Request for SCIMS Record Change (For Internal Use Only)	198	
CCC-10	Representations for Commodity Credit Corporation or Farm Service Agency Loans and Authorization to File a Financing Statement and Related Documents		177
CCC-36	Assignment of Payment		211, 934
CCC-37	Joint Payment Authorization		211, 934
CCC-64	Surety Bond (Minor)	677	
CCC-184 <u>1/</u>	CCC Check		679
CCC-501A	Member's Information		753
CCC-502	Farm Operating Plan for Payment Eligibility Review		753
CCC-509	Direct and Counter-Cyclical Program Contract		709, 710
CCC-526	Payment Eligibility Average Adjusted Gross Income Certification		72, 753, Ex. 51
CCC-605	Designation of Agent - Cotton		728, 731, Ex. 51
CCC-901	Members Information 2009 and Subsequent Years		707-711, 713, Ex. 51
CCC-902E	Farm Operating Plan for an Entity 2009 and Subsequent Program Years		707-711, 713, Ex. 51
CCC-931	Average Adjusted Gross Income (AGI) Certification and Consent to Disclosure of Tax Information		779

1/ CCC-184 is obsolete.

Reports, Forms, Abbreviations, and Delegations of Authority (Continued)

Forms (Continued)

Number	Title	Display Reference	Reference
CCC-1099-G	Report of Payments to Producers		276
CRP-1	Conservation Reserve Program Contract		211
FFAS-12	Electronic Funds Transfer (EFT) Hardship Waiver Request		728
FSA-155	Request for Farm Reconstitution		Ex. 51
FSA-179	Transfer of Farm Records Between Counties		Ex. 51
FSA-211	Power of Attorney	Ex. 60	178, Part 25, 1005, Ex. 2, 51
FSA-211-1 <u>1/</u>	Power of Attorney for Husband and Wife		728
FSA-211A	Power of Attorney Signature Continuation Sheet	Ex. 60	707, 728
FSA-217	Socially Disadvantaged, Limited Resource and Beginning Farmer or Rancher Certification	950	
FSA-325	Application for Payment of Amounts Due Persons Who Have Died, Disappeared, or Have Been Declared Incompetent	779	762
FSA-570	Waiver of Eligibility for Emergency Assistance	802	801
FSA-2001	Request for Direct Loan Assistance		177
FSA-2301	Request For Youth Loan		177
I-551	Alien Registration Receipt Card		177, 178, 932, Ex. 2
IRS 1099-MISC	Miscellaneous Income		122
SF-256	Self-Identification of Disability	Ex. 13	179
SF-1055	Claim Against the United States for Amounts Due in the Case of a Deceased Creditor	780	
SF-1199A	Direct Deposit Sign-Up Form		728
SF-3881	ACH Vendor/Miscellaneous Payment Enrollment Form		728
UCC-1	UCC Financing Statement		681
UCC-1F	Effective Financing Statement		681
W-7	Application for IRS Individual Taxpayer Identification Number		127

1/ FSA-211-1 is obsolete.