

**UNITED STATES DEPARTMENT OF AGRICULTURE**

Farm Service Agency  
Washington, DC 20250

|   |                     |
|---|---------------------|
| <b>Common Management and<br/>Operating Provisions<br/>1-CM (Revision 3)</b> | <b>Amendment 54</b> |
|---|---------------------|

**Approved by:** Deputy Administrator, Farm Programs



**Amendment Transmittal**

**A Reason for Amendment**

Subparagraph 707 A has been amended to clarify:

- that paragraph 707 does apply to the programs
- and reformat the notes.

| <b>Page Control Chart</b> |              |                |
|---------------------------|--------------|----------------|
| <b>TC</b>                 | <b>Text</b>  | <b>Exhibit</b> |
|                           | 25-59, 25-60 |                |



## 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.

\*--The policy at paragraph 779 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.<br>Name  | B.<br>Tax ID Number<br>(Last 4 digits if<br>already on file) | C.<br>% Share | D.<br>Position and Salary<br>(if applicable) | E.<br>Family Member<br>Relationship<br>(if applicable) | F.<br>Does this member have<br>signature authority for the<br>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"> <li>• all supporting documentation has been submitted as required</li> <li>• I have reviewed and understand all definitions and requirements on Page 6 of this form.</li> <li>• all information will be considered in effect continuously unless changes or revisions are submitted.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul> |  |                         |
| 1.<br>Signature (By)  | 2.<br>Title/Relationship of Individual Signing in the<br>Representative Capacity | 3.<br>Date (MM-DD-YYYY) |
| John A. Member  | Member, J&J LLC  | 04-02-2009              |

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