

For: State and County Offices

**AD-2047 Customer Data Worksheet**

Approved by: Deputy Administrator, Farm Programs



**1 Overview**

**A Background**

1-CM (Rev. 3) provides policy for collecting and documenting customer data. 11-CM provides guidance for loading and managing the collected customer data in Customer Relationship Management-Business Partner (CRM-Business Partner). AD-2047 is used to collect customer information that accurately identifies USDA customers.

AD-2047 was previously approved to document changes in an existing customer profile; however, the newly revised AD-2047 will now be used to collect information necessary to **create and maintain** customer records.

AD-2047 has been revised to include additional elements required to accurately identify USDA customers that are required by policy and must be recorded in CRM-Business Partner.

**B Purpose**

This notice provides:

- the revised AD-2047 and instructions
- an explanation of the changes made to the form.

See Exhibit 1 for the revised AD-2047 and instructions.

Disposal Date	Distribution
July 1, 2021	State Offices; State Offices relay to County Offices

## Notice CM-829

### 2 Using AD-2047

USDA employees will use AD-2047 to collect information for new customers and customers requesting a change to their customer profile. AD-2047 will be the source document for recording customer information in CRM-Business Partner.

### 3 AD-2047 Revisions

#### A Part A

Part A has been revised to collect all of the following:

- customer name and address
- customer business type
- telephone numbers
- birthdate for minor children
- residency status and originating country for foreign owned entities
- e-mail address and the customer request to receive sensitive (but non-PII) e-mails
- demographic information, including race, ethnicity, and gender (see paragraph 3)
- agency information
- multi-county customer status
- reason for request.

#### B Part B

Part B documents the Service Center's recording of the customer information in CRM-Business Partner. Part B has been revised to collect and document the customer COC LAA. COC LAA is not recorded in CRM-Business Partner but is necessary for recording information about COC election procedures.

#### C Demographic Information

DR 4370-001 establishes USDA policy for collecting demographic information on AD-2106, including race, ethnicity, and gender. OMB has approved the following additional FSA FLP forms to collect race, ethnicity, and gender information for FSA farm loan applicants:

- FSA-2001
- FSA-2211
- FSA-2212
- FSA-2301
- FSA-2683.

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### 3 AD-2047 Revisions (Continued)

#### C Demographic Information (Continued)

AD-2047 has been revised to provide an alternative form for farm and conservation program applicants to **voluntarily** disclose their ethnicity, race, and gender information. AD-2106 and the FSA forms listed in this subparagraph remain in effect for collecting race, ethnicity, and gender data as described in 1-CM (Rev. 3), paragraph 199.

Demographic information may **only** be provided by the USDA customer. USDA employees will **not** complete demographic information for the customer.

#### D Recording Customer Data in CRM-Business Partner

County Office employees will refer to 11-CM for creating and maintaining customer records in CRM-Business Partner.

### 4 Contact Information

#### A County Office Contacts

County Offices with questions about this notice will contact their State Office Specialist responsible for common management and CRM-Business Partner.

#### B State Office Contacts

State Offices with questions about this notice will contact any of the following:

- Paul Hanson  
**paul.hanson@usda.gov**  
202-720-4189
- Jenae Prescott  
**jenaeprescott@usda.gov**
- Kerry Sefton  
**kerry.sefton@usda.gov**  
202-720-6120.

Revised AD-2047 and Instructions

The following is the revised AD-2047.

	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Date Stamp</div>		
Forms Approved – OMB No. 0560-0265 OMB Expiration Date: 12/31/2023			
<p><b>This form is available electronically.</b></p>			
<p><b>AD-2047</b> (01-13-21)</p>	<p><b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency Rural Development Natural Resources Conservation Service Risk Management Agency Agricultural Marketing Service</p> <p><b>CUSTOMER DATA WORKSHEET</b></p>		
<p><b>NOTE:</b> 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.</p> <p><b>Public Burden Statement (Paperwork Reduction Act Statement):</b> 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.</p> <p>The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. <b>RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</b></p>			
<b>PART A CUSTOMER INFORMATION</b>			
<p>1A. Customer's Full Name or Business Name and Address (Including Zip Code)</p>	<p>1B. Customer Business Type (Example: Individual, Corporation, LLC, Estate, Trust, etc.)</p>		
<p>1C. Home Telephone Number (Area Code)</p>	<p>1D. Business Telephone Number (Area Code)</p>	<p>1E. Mobile Telephone Number (Area Code)</p>	
<p>2. Taxpayer Identification Number (9 Digits) and Type (SSN, EIN, etc)</p>	<p>3. Birthdate (Only required if the customer is a minor)</p>		
<p>4A. Residency Status: (For Individuals Only)</p> <p><input type="checkbox"/> U.S. Resident      <input type="checkbox"/> Resident Alien (I-551 Required)</p> <p><input type="checkbox"/> Not a US Citizen or Resident Alien</p> <p>Citizenship country if not US:</p>	<p>4B Originating Country (For Foreign Entities Only)</p>		
<p>5A. Email Address</p>	<p>5B. Does the customer want to receive sensitive (but non-PII) Producer or Farm specific related emails?</p> <p style="text-align: right;"><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>		
<p><b>Demographic Information</b></p> <p>Departmental Regulation 4370-001 provides USDA's policies for collecting demographic data, including race, ethnicity and gender. 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 6A, 6B and 6C if the information has previously been provided to USDA. Customers identified in Item 1A that are a legal entity should base responses to the race, ethnicity and gender of the owners holding majority ownership interest in the legal entity.</p> <p style="text-align: center;"><input type="checkbox"/> I do not want to provide demographic information at this time.</p>			
<p>6A. Race: (Note: More than 1 may be selected)</p> <p><input type="checkbox"/> American Indian / Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African American</p>	<p>6B. Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>	<p>6C. Gender (Individual):</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>	<p>6D. Gender (Legal Entity)</p> <p><input type="checkbox"/> Not applicable/unknown</p> <p><input type="checkbox"/> Organization/Female Owned</p> <p><input type="checkbox"/> Organization/Male Owned</p> <p><input type="checkbox"/> Organization/Other (no clear male/female ownership)</p>
<p>7. Producer is Customer of One or More of the Following Agencies. (Check Appropriate Agency(ies) below.)</p> <p><input type="checkbox"/> AMS      <input type="checkbox"/> FSA      <input type="checkbox"/> NRCS      <input type="checkbox"/> RMA      <input type="checkbox"/> RD      <input type="checkbox"/> Not Participating</p>			

Revised AD-2047 and Instructions (Continued)

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8. Is the Customer a Multi-County Producer? <input type="checkbox"/> YES (If "YES," list States and/or Counties below.) <input type="checkbox"/> NO		
9. Reason for Request (Check appropriate box(es) below.) <input type="checkbox"/> New Producer <input type="checkbox"/> Address Change <input type="checkbox"/> Telephone Change <input type="checkbox"/> Sale/Purchase <input type="checkbox"/> Life Event <input type="checkbox"/> Other (Specify):		
10. Enter the name of the customer requesting the record change(s). If documentation is received by Fax or from a trusted source (i.e., USPS), attach documentation to this form. Only Part A Item 1A and Part B shall be completed. If the request was received by telephone, complete applicable blocks necessary to document the change(s) and enter the requestor's name in Item 10A. Requestor's signature is not required. <i>(The only time the customer is required to sign Item 10B is when they are physically at a Service Center and providing FSA with applicable information.)</i>		
10A. Name of Customer Requesting Change	10B. Customer Signature	10C. Date (MM-DD-YYYY)
<b>PART B SERVICE CENTER ACTION</b>		
11A. Agency Who Received Request: (Check one below) <input type="checkbox"/> FSA <input type="checkbox"/> NRCS <input type="checkbox"/> RD	11B. Initials of Employee Receiving Request (If Different than Item 13A)	11C. Date Service Center Employee Received the Request (MM-DD-YYYY)
12. 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"/> Other (Specify):		
13. COC LAA:		
14. Remarks, if Applicable:		
14A. Signature of Employee Updating Business Partner if not initialed in Item 11B.	14B. Date Service Center Employee Updating Business Partner (MM-DD-YYYY)	
<b>FOR DISTRICT DIRECTOR/AREA CONSERVATIONIST USE ONLY (OPTIONAL)</b>		
15A. I concur/do not concur the above items have been properly updated. <input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur		
15B. Name of District Director/Area Conservationist for Spot Check	15C. Signature of District Director/Area Conservationist for Spot Check	
15D. Title	15E. Date (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, gender identity (including gender expression), sexual orientation, 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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. 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 [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) 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 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.

**Revised AD-2047 and Instructions (Continued)**

The following are revised instructions for AD-2047.

Customer Data Worksheet. Customers use this form to provide critical customer information to USDA used to positively identify the customer. Additional data collected includes contact information, citizenship status, birthdates for minor children, and demographic information. Customers may also use this form to report changes to their customer record. The original of the completed form must be submitted by mail, e-mail, or facsimile to the appropriate FSA servicing office.

Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office if:

- the customer submitting the form is the only person required to sign the transaction, or
- the customer has an approved Power of Attorney (FSA-211) on file with USDA to sign for other customers for the program and type of transaction represented by this form.

Features for transmitting the form electronically are available to customers with access credentials only. Online access credentials with USDA can be established by following the instructions provided at the USDA eForms web site.

Customers must complete Items 1A through 10C. Items 11A through 15E are for FSA use only.

Item	Instruction
1A	Customer enters full name exactly as it appears on SSN card, or business name exactly as it appears on IRS SS-4 or 147-C letter (EIN issuance letter).  Customer enters mailing address, including ZIP Code.
1B	Customer enters business type (Individual, Corporation, LLC, Estate, Revocable Trust, etc.).
1C	Customer enters home telephone number, including area code, if applicable.
1D	Customer enters business telephone number, including area code, if applicable.
1E	Customer enters mobile telephone number, including area code, if applicable.
2	Customer enters valid 9-digit TIN and type, if applicable, if the customer will be applying for a USDA payment or benefit
3	Customer enters birthdate.  <b>Note:</b> Birthdate is required only if the customer is a minor child under the age of 18 at the time the form is being completed.
4A	Customer enters residency status and citizenship country (if not US).
4B	Customer enters foreign entity’s originating country.
5A	Customer enters e-mail address, if applicable.

## Revised AD-2047 and Instructions (Continued)

Item	Instruction
5B	Customer checks "YES" to receive sensitive (non-PII) customer- or farm-specific e-mails. Customer checks "NO" to <b>not</b> receive sensitive (non-PII) customer- or farm-specific e-mails.  <b>Note:</b> Sensitive e-mails include, but are not limited to, NAP continuous coverage letters, NAP premium billing information, acreage report information, etc.
Demographic Information Consent	Customer reads the Demographic Information statement and checks the box next to "I do not want to provide demographic information at this time." if they decline to provide demographic information.
6A	Customer selects race or races (as many as applicable). <b>To be completed only by customer.</b>
6B	Customer selects ethnicity. <b>To be completed only by customer.</b>
6C	Customer selects individual gender. <b>To be completed only by customer.</b>
6D	Customer selects legal entity's gender. <b>To be completed only by customer.</b>
7	Customer selects the USDA Agency(s) with which they participate.
8	Customer selects "YES" or "NO" if they are a multi-county producer. If "YES", customer selects all States and counties in which they participate.
9	Customer checks the reason for request. If other is checked, the customer must specify the reason.
10A	Customer enters the name of the customer requesting the addition/change.
10B	Customer requesting the change signs the form.
10C	Customer enters the date the form is signed.