

For: State and County Offices

Revised AD-2047

Approved by: Acting Deputy Administrator, Farm Programs



1 Overview

A Background

AD-2047 is used by new and existing customers to provide USDA with detailed information that positively identifies the customer. This information is used to create and maintain the customer record in CRM-BP.

B Purpose

This notice provides the revised AD-2047 and instructions for immediate use.

C Contact Information

For questions about this notice, contact Paul Hanson or Jenae Prescott by:

- e-mail to [paul.hanson@usda.gov](mailto:paul.hanson@usda.gov)
- e-mail to [jenae.prescott@usda.gov](mailto:jenae.prescott@usda.gov)
- telephone at 202-720-4189.

2 AD-2047 Revisions

A AD-2047 and Instructions

AD-2047 has been revised as follows:

- “Reason for Request” has been repositioned (Part A, Item 1) to immediately identify the purpose of the form submission.
- “Email Address” (Item 2F) and “Does the customer want to receive sensitive (but non-PII) Producer or farm specific e-mails?” (Item 2G) have been repositioned to align with the customer’s contact information.

Disposal Date	Distribution
May 1, 2022 11-3-21	State Offices; State Offices relay to County Offices

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### 2 AD-2047 Revisions (Continued)

#### A AD-2047 and Instructions (Continued)

- “Taxpayer Identification Number” (Item 3A) has been revised to collect only the last 4 digits for an existing customer, and the complete 9-digit TIN for a new customer.
- “Citizenship Status” (Item 3C) replaces “Residency Status” for consistency in terminology throughout agency handbooks and software applications.
- Options to not provide Demographic Information have been added to Items 4A, 4B, 4C, and 4D.

**Important:** Employees must not select “I do not want to provide Race/Ethnicity/ Gender information at this time” on AD-2047 unless specifically declared by the customer.

- Instructions for responding on behalf of a customer who is a legal entity have been added to Items 4A and 4B.
- Options for Non-Binary responses have been added to Items 4C and 4D.
- Items 7, 7A, 7B, and 7C have been updated to require customer signature and title/relationship when AD-2047 is completed by an individual person or by an individual person acting in a representative capacity on behalf of a legal entity. A customer’s signature is not required when:
  - documentation is received by facsimile, Box, One Span, or from a trusted source (such as USPS). Documentation must be attached to AD-2047
  - demographic information is provided in Items 4A, 4B, 4C, or 4D when the information is provided by phone or in writing. The employee receiving the information must notate in item 7 the method the information was obtained and provide the customer with a Receipt for Service.
- Items 15A, 15B, 15C, 15D, and 15E have been removed because the District Director and Area Conservationist use is no longer required.

See Exhibit 1 for AD-2047 and Exhibit 2 AD-2047 instructions.

#### B Business Partner Updates

Customer Relationship Management-Business Partner (CRM-BP) will be updated in the future to accommodate the revised AD-2047. An automation notice will announce when the software updates are available for use.

## Notice CM-837

### **3 Action**

#### **A State Office Action**

State Offices will:

- ensure that County Offices are aware of the provisions of this notice
- direct questions to Paul Hanson and Jenae Prescott in the National Office

#### **B County Office Action**

County Offices will:

- begin using the revised AD-2047 with the effective date of this notice
- present the revised AD-2047 to new customers and customers reporting changes to their existing customer record
- direct questions about this notice to their State Business Partner State Security Officer.

Revised AD-2047

The following is an example of revised AD-2047.

Forms Approved – OMB No. 0560-0265 OMB Expiration Date: 12/31/2023	
<b>AD-2047</b> (10-28-21)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency Rural Development Natural Resources Conservation Service Risk Management Agency Agricultural Marketing Service
<b>CUSTOMER DATA WORKSHEET</b>	
<p><b>NOTE:</b> <i>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.</i></p> <p><b>Public Burden Statement (Paperwork Reduction Act Statement):</b> <i>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.</i></p> <p><i>The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</i></p>	
<b>PART A - CUSTOMER INFORMATION</b>	
1. Reason for Request (Check appropriate box(es) below.)	
<input type="checkbox"/> New Customer <input type="checkbox"/> Update Existing Customer Record	
2A. Customer's Full Name or Business Name and Address (Including Zip Code)	2B. Customer Business Type (Example: Individual, Corporation, LLC, Estate, Trust, etc.)
2C. Home Telephone Number (Area Code)	2D. Business Telephone Number (Area Code)
	2E. Mobile Telephone Number (Area Code)
2F. Email Address	2G. Does the customer want to receive sensitive (but non-PII) Producer or farm specific related emails? <input type="checkbox"/> YES <input type="checkbox"/> NO
3A. Taxpayer Identification Number (Complete TIN for new customer or last 4 digits for existing customer) and Type (SSN, EIN, ITN, etc)	3B. Birthdate (Only required if the customer is a minor)
3C. Citizenship Status: (For Individuals Only) <input type="checkbox"/> U.S. Resident <input type="checkbox"/> Resident Alien (I-551 Required) <input type="checkbox"/> Not a US Citizen or Resident Alien Citizenship country if not US:	3D. Originating Country (For Foreign Entities Only)
<b>Demographic Information</b> 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 4A, 4B or 4C if the information has previously been provided to USDA. A customer identified in Item 2A that is a legal entity must base responses to the race, ethnicity and gender on the individual persons holding at least 50 percent ownership interest in the legal entity.	
4A. Race: (Note: More than 1 may be selected) <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> I do not want to provide Race information at this time. <b>Note:</b> See instructions for legal entities	4B. Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not want to provide Ethnicity information at this time. <b>Note:</b> See instructions for legal entities
4C. Gender (Individual): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> I do not want to provide Gender information at this time.	4D. Gender (Legal Entity) <input type="checkbox"/> Not applicable/unknown <input type="checkbox"/> Organization/Female Owned <input type="checkbox"/> Organization/Male Owned <input type="checkbox"/> Organization/Non-Binary <input type="checkbox"/> I do not want to provide Gender information at this time.
Date Stamp	

Revised AD-2047 (Continued)

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5. Customer has interest in one or more of the following agencies. (Check Appropriate Agency(ies) below.)		
<input type="checkbox"/> AMS	<input type="checkbox"/> FSA	<input type="checkbox"/> NRCS
<input type="checkbox"/> RMA	<input type="checkbox"/> RD	
6. Is the Customer a Multi-County Producer? <input type="checkbox"/> YES (if "YES," list States and/or Counties below:) <input type="checkbox"/> NO		
7. See form instructions for signature requirements.		
7A. Customer Signature	7B. Title/Relationship	7C. Date (MM-DD-YYYY)
<b>PART B SERVICE CENTER ACTION</b>		
8A. Agency Who Received Request: (Check one below)	8B. Initials of Employee Receiving Request (if Different than Item 12A)	8C. Date Service Center Employee Received the Request (MM-DD-YYYY)
<input type="checkbox"/> FSA <input type="checkbox"/> NRCS <input type="checkbox"/> RD		
9. 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"/> Box <input type="checkbox"/> One Span <input type="checkbox"/> Other (Specify):		
10. COC LAA:		
11. Remarks, if Applicable:		
12A. Signature of Employee Updating Business Partner if not initialed in Item 8B.	12B. Date Service Center Employee Updating Business Partner (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 Instructions**

AD-2047 provides critical customer information to USDA that positively identifies the customer. The original completed form can be submitted by mail, e-mail, Box, OneSpan, or facsimile to the appropriate FSA servicing office.

Customers with established electronic access credentials with USDA may electronically transmit AD-2047 to the USDA servicing office if:

- the customer submitting AD-2047 is the only person required to sign the document
- the person signing AD-2047 on behalf of another customer has a valid Power of Attorney (FSA-211) on file with USDA
- the person signing AD-2047 on behalf of a legal entity is an authorized representative of the legal entity.

Features for submitting AD-2047 electronically are available to customers with access credentials only. To establish online access credentials with USDA, follow the instructions provided at the USDA eForms website.

Customers must complete Items 1 through 7C.

<b>Item</b>	<b>Field Name</b>	<b>Instruction</b>
1	Reason for Request	Check “New Customer” or “Updating Existing Customer Record”.
2A	Customer’s Full Name or Business Name and Address	Enter customer’s 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).  Enter customer’s mailing address, including ZIP Code.
2B	Customer Business Type	Enter customer’s business type (Individual, Corporation, LLC, Estate, Revocable Trust, etc.).
2C	Home Telephone Number	Enter customer’s home telephone number, including area code, if applicable.
2D	Business Telephone Number	Enter customer’s business telephone number, including area code, if applicable.
2E	Mobile Telephone Number	Enter customer’s mobile telephone number, including area code, if applicable.
2F	E-mail Address	Enter customer’s e-mail address, if applicable.

Revised AD-2047 Instructions (Continued)

Item	Field Name	Instruction
2G	Does the customer want to receive sensitive (but non-PII) Producer or Farm Specific emails?	Check “YES” to receive sensitive (non-PII) customer or farm specific related e-mails. Check “NO” to NOT receive sensitive (non-PII) customer or farm specific related e-mails.  <b>Note:</b> Examples of sensitive e-mail subjects include Noninsured Crop Disaster Assistance Program (NAP) continuous coverage letters, NAP premium billing information, and acreage report information.
3A	Tax ID Number (9 digits) and Type (SSN, EIN, etc.)	New customers must enter a valid 9-digit TIN and type if the customer will be applying for a USDA payment or benefit. Existing customers must enter the last 4 digits of their 9-digit TIN.
3B	Birthdate	Customer’s birthdate is required only if the customer is a minor child under the age of 18 at the time AD-2047 is being completed.
3C	Citizenship Status (For Individuals Only)	A customer that is an individual person must enter their citizenship status and citizenship country (if not US).
3D	Originating Country (For Foreign Entities Only)	A customer that is a foreign entity must enter the foreign entity’s originating country. A foreign entity is a legal entity with more than 10 percent ownership interest held by persons who are not a U.S. citizen or resident alien.
	Demographic Information	“Departmental Regulation 4370-001 provides USDA’s policies for collecting demographic data, including race, ethnicity and gender. Providing demographic information on AD-2047 is voluntary and at the discretion of the customer. Demographic information provided on this form 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 4A, 4B, 4C and 4D if the information has previously been provided to USDA. A customer identified in Item 2A that is a legal entity must base responses to the race, ethnicity and gender on the individual person(s) holding at least 50 percent ownership interest in the legal entity.”  Customers may decline providing race, ethnicity, or gender information.
4A	Race	Customer’s Race or Races. Select as many as applicable. <b>To be completed only by customer.</b>
4B	Ethnicity	Customer’s Ethnicity. <b>To be completed only by customer.</b>
4C	Gender (Individual)	Individual customer’s Gender. <b>To be completed only by customer.</b>
4D	Gender (Legal Entity)	Check Entity’s Gender. <b>To be completed only by a customer that is a legal entity.</b>

Revised AD-2047 Instructions (Continued)

Item	Field Name	Instruction
5	Producer is Customer of One or More of the Following Agencies	Check the applicable USDA Agency(s) where the customer participates in USDA programs.
6	Is the Customer a Multi-County Producer?	Check “YES” or “NO”. If “YES”, the customer must identify all States and/or counties in which the customer has an interest.
7A	Customer Signature	<p>The customer’s signature is required when the customer completes any items on this form. A customer’s signature may be provided using FSA-211 Power of Attorney. An authorized representative of a legal entity must sign if the customer is a legal entity.</p> <p>A customer’s signature is not required if documentation is received for items 1 through 6 by Fax, Box*, One Span**, or from a trusted source (such as USPS). This documentation must be attached to this form.</p> <p>A customer’s signature is not required if documentation for items 4A, 4B, 4C, or 4D is provided by phone or in writing. The USDA employee receiving the information must notate in Item 7A the method the information was obtained if not signed by the customer. A Receipt for Service is required.</p>
7B	Title/Relationship	If this form is signed by a person or legal entity representing the customer identified in Item 2A, enter the signatory’s title or representative capacity to the customer.
7C	Date of Record Change	Enter the date the customer requesting the change signed the AD-2047.

\* Box is a secure, cloud-based site where FSA documents can be managed and shared. Applicants who choose to use Box can create a username and password to access their secure Box account, where documents can be downloaded, printed, manually signed, scanned, uploaded, and shared digitally with FSA County Office staff. This service is available to any FSA customer with access to a mobile device or computer with printer connectivity. Box does not require software downloads or an eAuthentication account.

\*\*OneSpan is a secure eSignature solution for FSA customers. No software downloads or eAuthentication is required for OneSpan. Applicants interested in eSignature through OneSpan can confirm their identity through two-factor authentication (2FA). For the second factor of authentication, applicants can use a text message with verification code sent to their mobile device or a personalized question and answer. Once identity is confirmed, documents can be reviewed and e-signed through OneSpan via the applicant’s personal e-mail address and, once signed, immediately become available to the appropriate FSA County Office staff.

Part B - Items 8A through 12B are for FSA use only.