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AD-3030

(10-31-12)

U.S. DEPARTMENT OF AGRICULTURE

REPRESENTATIONS REGARDING FELONY CONVICTION AND TAX DELINQUENT STATUS FOR CORPORATE APPLICANTS

You only need to complete this form if you are a corporation. A corporation is any entity that has filed articles of incorporation in one of the 50 States, the District of Columbia, or the various territories of the United States including American Samoa, Federated States of Micronesia, Guam, Midway Islands, Northern Mariana Islands, Puerto Rico, Republic of Palau, Republic of the Marshall Islands, or the U.S. Virgin Islands. Corporations include both for profit and non-profit entities.

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552(a), as amended). The authority for requesting the following information for USDA Agencies and staff offices is in §738 and 739 of the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 2012, P.L. 112-55 and subsequent similar provisions. The information will be used to confirm applicant status concerning entity conviction of a felony criminal violation, and/or unpaid Federal tax liability status.

According to the Paperwork Reduction Act of 1985 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 0505-0025. The time required to complete this information collection is estimated to average 15 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. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

searching existing data sources, on THIS COMPLETED FORM TO Y	gathering and maintaining the data needed, and completing and OUR COUNTY FSA OFFICE.	I reviewing the collection of information. RETURN		
PART A – APPLICANT (You must complete this form if you are a Corporation)				
1. APPLICANT'S NAME	2. APPLICANT'S ADDRESS (Including Zip Cod	3. TAX ID NO. (Last 4 digits)		
4A. Has the Applicant been convicted date of application?	ted of a felony criminal violation under Federal or S	State law in the 24 months preceding the		
	plicant been convicted of a felony criminal violatione 24 months preceding the date of application?	on for actions taken on behalf of Applicant YES NO		
remedies have been exhausted	npaid Federal tax liability that has been assessed, for have lapsed, and that is not being paid in a timel llecting the tax liability? YES NO	ž		
Draviding the requested information	n is voluntary. However, failure to furnish the requ	useted information will make the applicant		

Providing the requested information is voluntary. However, failure to furnish the requested information will make the applicant ineligible to enter into a contract, memorandum of understanding, grant, loan, loan guarantee, or cooperative agreement with USDA.

PART B – SIGNATURE			
5A. APPLICANT'S SIGNATURE (BY)	5B. TITLE/RELATIONSHIP OF THE INDIVIDUAL IF SIGNING IN A REPRESENTATIVE CAPACITY	5C. DATE SIGNED (MM-DD-YYYY)	

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