

CCC-634-E
(09-02-04)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

REQUEST FOR ELECTRONIC LOAN DEFICIENCY PAYMENT (eLDP) SERVICES

PART A - GENERAL INFORMATION

1A. PRODUCER'S NAME AND ADDRESS (Including ZIP Code)		2A. COUNTY OFFICE NAME AND ADDRESS (Including ZIP Code)	
1B. TELEPHONE NUMBER (Including Area Code):		2B. TELEPHONE NUMBER (Including Area Code):	
3. PRODUCER TAX ID NUMBER		4. CROP YEAR	
5A. FARM NUMBER(s)	5B. REQUESTED eLDP ALLOCATED QUANTITY	6. COMMODITY(ies) (Excluding Cotton)	

PART B - PRODUCER CERTIFICATION AND SIGNATURE

I certify that all information entered on this form is true and correct. I understand to obtain approval for participating in the eLDP program that:

- (1) The County Committee, or designee, must determine that I meet the producer eligibility requirements according to the marketing assistance loan and LDP program policy provisions, according to 7 CFR, Part 1421, and conservation compliance rules.
- (2) The requested commodity(ies) in Item 6 must meet the commodity eligibility requirements for marketing assistance loans and LDP's.
- (3) Each farm listed in Part A, Item 5 meet all applicable eligibility requirements for participation.
- (4) I must have completed a Direct Deposit Sign-Up form, SF-1199A.

I understand that the County Committee will approve or disapprove access to eLDP Services based on the information provided in Part A and any additional information currently on file with the Farm Service Agency. I further understand that this is **NOT** a Loan Deficiency Payment Certification and Application, CCC-633 LDP request. If at any time my eligibility or the commodity(ies) requested in Item 6 changes or any adverse determination by CCC affects my eligibility for participating in the eLDP program, then access to eLDP services may be suspended and or revoked. I also understand that providing a false certification to the government may be punishable by imprisonment, fines, and other penalties. All information provided herein is subject to verification by the Commodity Credit Corporation. The provision of criminal and civil fraud statues that apply to this certification, includes 18 USC 286, 297, 371, 641, 651, 1001 and 1014; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

7A. PRODUCER'S SIGNATURE	7B. DATE (MM-DD-YYYY)
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PART C - COC DETERMINATION (For County Office Use Only)

8A. SIGNATURE OF APPROVING OFFICIAL	8B. TITLE OF APPROVING OFFICIAL	8C. DATE (MM-DD-YYYY)
9. APPLICATION STATUS <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		10. REASON FOR DISAPPROVAL

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 USC § 7231 et seq and 7 CFR Parts 1421 and 1427. The information will be used to determine eligibility and the amount of program benefits. Furnishing the requested information is voluntary; however, failure to furnish the correct complete information will result in a determination of ineligibility for program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

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 0560-0220. The time required to complete this information collection is estimated to average 5 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.

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