



United States  
Department of  
Agriculture



# FSA – Establishing Farm Records

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Farm  
Service  
Agency

[fsa.usda.gov](https://fsa.usda.gov)



Getting  
started  
with  
USDA:

## Connect with your local USDA Service Center –

### Farm Service Agency (FSA) staff

- Schedule an appointment
- Visit one-on-one

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# Establishing Farm Records



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**Farm Records are required to be established for  
all FSA and NRCS programs.**

**FSA is the keeper of producer records**

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## What to bring: The First Visit

**Tribal or corporation documents, resolutions etc...**

**Copy of deed, BIA title status report, rental, grazing or lease agreement of the land**

**Shapefile or boundary maps if available**

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AD-2047 (10-29-21) U.S. DEPARTMENT OF AGRICULTURE  
Farm Service Agency  
Rural Development  
Natural Resources Conservation Service  
Risk Management Agency  
Agricultural Marketing Service  
**CUSTOMER DATA WORKSHEET**

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is the Computer Security Act of 1987 (Pub. L. 100-368; OMB Circular A-112), Federal Managers' Financial Integrity Act of 1982, and Privacy Act of 1974 (5 U.S.C. 552a - as amended). The information will be used to document a request by the producer for adjusting the business partner record. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Third Agencies, and non-governmental 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 AMIS-3, Perishable Agricultural Commodities Act (PACA), USCA/PASA-2, Farm Records File (Automated), USCA/NRCS-1, Landowner, Operator, Producer, Cooperator, or Participant Files, and USCA/ND-1, Applicant, Borrower, Operator, 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.

**Public Burden Statement (Paperwork Reduction Act Statement):** 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 (36 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.

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.

**PART A - CUSTOMER INFORMATION**

1. Reason for Request (Check appropriate box(es) below):  
 New Customer  Update Existing Customer Record

2A. Customer's Full Name or Business Name and Address (Including Zip Code) \_\_\_\_\_

2C. Home Telephone Number (Area Code) \_\_\_\_\_ 2D. Business Telephone \_\_\_\_\_

2F. Email Address \_\_\_\_\_

3A. Taxpayer Identification Number (Complete TIN for new customer or last 4 digits for existing customer) and Type (SSN, EIN, ITIN, etc) \_\_\_\_\_

3C. Citizenship Status: (For Individuals Only) \_\_\_\_\_  
 U.S. Resident  Resident Alien (I-551 Required)  
 Not a US Citizen or Resident Alien  
 Citizenship country if not US: \_\_\_\_\_

**Demographic Information**

Departmental Regulation 4370-001 provides USDA's policies for collecting demographic information is voluntary and at the discretion of the customer. only and will not be used to determine an applicant's eligibility for programs information in items 4A, 4B or 4C if the information has previously been provided. base responses to the race, ethnicity and gender on the individual per

4A. Race: (Note: More than 1 may be selected)  
 American Indian / Alaskan Native  
 Native Hawaiian/Other Pacific Islander  
 Asian  
 White  
 Black/African American  
 I do not want to provide Race information at this time.  
 Note: See instructions for legal entities

4B. Ethnicity:  
 Hispanic or Latino  
 Not Hispanic or Latin  
 I do not want to provide Ethnicity information at this time.  
 Note: See instructions for legal entities

This form is available electronically. (See Page 5 for Privacy Act)

CCC-902E U.S. DEPARTMENT OF AGRICULTURE  
(01-07-21) Commodity Credit Corporation

**FARM OPERATING PLAN FOR AN ENTITY**

1. County \_\_\_\_\_  
 2. State \_\_\_\_\_  
 Alaska

For "actively engaged in farming" and other payment eligibility/limitation determinations.

This form is to be completed for a legal entity, including a joint operation, that is seeking benefits from the Farm Service Agency (FSA) to the regulations at 7 CFR Part 1400. This form collects farming and other information about the entity that receives program benefits listed in Part A. This form also collects information about the members of such entity. A person who receives program benefits directly with respect to that person's operation. Payment eligibility is based upon the contribution of certain inputs to a farming operation, management by the entity listed in Part A. The information on this form will be used by FSA to determine payment eligibility and I

**PART A - ENTITY INFORMATION**

1. Farming Entity's Name and Address (Include Zip Code) \_\_\_\_\_

2. Tax Identification # is already on file with \_\_\_\_\_

3. Date of Formation \_\_\_\_\_

**PART B - TYPE OF OPERATION (Select only one)**

1. Select appropriate type of operation that defines the entity identified in Part A:

General Partnership  Limited Partnership  Estate

Joint Venture  Limited Liability Company  Charitable/Tax-exempt Organization

Sole Proprietorship/DBA  Revocable/Living Trust  Public School

Corporation  Irrevocable Trust  City, County or State-owned Entity

2. Trust documents for an Irrevocable Trust are required to be provided. Other supporting documentation (such as agreement, evidence of heirship, and operational authorities of all shareholders, members and owners) may be States, State entities, cities, and counties, to verify the legal status of the entity and the authority of its shareholders/satisfaction of CCC.

**PART C - MEMBER INFORMATION (Use CCC-902E Continuation if additional space is needed)**

1. Members - List all members/shareholders/beneficiaries/heirs/partners of the entity identified in Part A of this form

A. Name	B. Tax ID Number (Last 4 digits if already on file)	C. % Share	D. Position and Salary (If applicable)	Far R (If appropriate)
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

This form is available electronically. (See Page 2 for Privacy Act and Paperwork Reduction Act Statements)  
 AD-1026 U.S. DEPARTMENT OF AGRICULTURE  
 (10-30-14) FarmServiceAgency

**HIGHLY ERODIBLE LAND CONSERVATION (HEL) AND WETLAND CONSERVATION (WC) CERTIFICATION**

Read attached AD-1026 Appendix before completing form.

**PART A - BASIC INFORMATION**

1. Name of Producer \_\_\_\_\_ 2. Tax Identification Number (Last 4 digits) \_\_\_\_\_ 3. Crop Year \_\_\_\_\_

4. Names of affiliated persons with farming interests - Enter "None," if applicable. \_\_\_\_\_

5. Check one of these boxes if the statement applies; otherwise continue to Part B.

A.  The producer in Part A does not have interest in land devoted to agriculture. Examples include bee keepers who place their hives on another person's land, producers of crops grown in greenhouses, and producers of aquaculture AND these producers do not own/lease any agricultural land themselves. Note: Do not check this box if the producer shares in a crop.

B.  The producer in Part A meets all three of the following:  
 • does not participate in any USDA program that is subject to HELC and WC compliance except Federal Crop Insurance.  
 • only has interest in land devoted to agriculture which is exclusively used for perennial crops, except sugarcane, and  
 • has not converted a wetland after February 7, 2014.

Perennial crops include, but are not limited to, tree fruit, tree nuts, grapes, olives, native pasture and perennial forage. A producer that produces alfalfa should contact the Natural Resources Conservation Service at the nearest USDA Service Center to determine whether such production qualifies as production of a perennial crop.

Note: If either box is checked, and the producer in Part A does not participate in Farm Service Agency(FSA) or Natural Resources Conservation Service (NRCS) programs, the full tax identification number of the producer must be provided, but establishment of detailed farm records with FSA is not required. Go to Part D and sign and date.

**PART B - HELC/WC COMPLIANCE QUESTIONS**

Indicate YES or NO to each question.

If you are unsure of whether a HEL determination, wetland determination, or NRCS evaluation has been completed, contact your local USDA Service Center.

Question	YES	NO
6. During the crop year entered in Part A or the term of a requested USDA loan, did or will the producer in Part A plant or produce an agricultural commodity (including sugarcane) on land for which an HEL determination has not been made?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has anyone performed (since December 23, 1985), or will anyone perform any activities to:		
A. Create new drainage systems, conduct land leveling, filling, dredging, land clearing, or excavation that has NOT been evaluated by NRCS? If "YES", indicate the year(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
B. Improve or modify an existing drainage system that has NOT been evaluated by NRCS? If "YES", indicate the year(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
C. Maintain an existing drainage system that has NOT been evaluated by NRCS? If "YES", indicate the year(s): _____	<input type="checkbox"/>	<input type="checkbox"/>

Note: Maintenance is the repair, rehabilitation, or replacement of the capacity of existing drainage systems to allow for the continued use of wetlands currently in agricultural production and the continued management of other areas as they were used before December 23, 1985. This allows a person to reconstruct or maintain the capacity of the original system or install a replacement system that is more durable or will realize lower maintenance or costs.

Note: If "YES" is checked for Item 7A or 7B, then Part C must be completed to authorize NRCS to make an HELC/WC and/or certified wetland determination on the identified land. If "YES" is checked for Item 7C, NRCS does not have to conduct a certified wetland determination.

8. Check one or both boxes, if applicable; otherwise, continue to Part C or D.

A.  Check this box only if the producer in Part A has FCIC reinsured crop insurance and filing this form represents the first time the producer in Part A, including any affiliated person, has been subject to HELC and WC provisions.

B.  Check this box if either of the following applies to the producer and crop year entered in Part A:  
 • Is a tenant on a farm that is/will not be in compliance with HELC and WC provisions because the landlord refuses to allow compliance, but all other farms not associated with that landlord are in compliance. (AD-1026B, Tenant Exemption Request must be completed).  
 • Is a landlord of a farm that is/will not be in compliance with HELC and WC provisions because of a violation by the tenant on that farm, but all other farms not associated with that tenant are in compliance. (AD-1026C, Landlord or Landowner Exemption Request must be completed).

**PART C - ADDITIONAL INFORMATION**

9. If "YES" was checked in item 6 or 7, provide the following information for the land to which the answer applies:

A. Farm and/or tract/field number: \_\_\_\_\_  
 If unknown, contact the Farm Service Agency at the nearest USDA Service Center.

B. Activity: \_\_\_\_\_

C. Current land use (specify crops): \_\_\_\_\_

D. County: \_\_\_\_\_

10. If "YES" was checked in item 6 or 7, provide the following information for the land to which the answer applies:

Question	YES	NO
10.1. Is the land currently used for agriculture?	<input type="checkbox"/>	<input type="checkbox"/>
10.2. Is the land currently used for pasture or range?	<input type="checkbox"/>	<input type="checkbox"/>
10.3. Is the land currently used for cropland?	<input type="checkbox"/>	<input type="checkbox"/>
10.4. Is the land currently used for forestland?	<input type="checkbox"/>	<input type="checkbox"/>
10.5. Is the land currently used for other?	<input type="checkbox"/>	<input type="checkbox"/>

# Steps To Eligibility

- **AD-2047 Customer Data Worksheet**
- **Tribal Signature Authority Documentation**
- **CCC-860 Socially Disadvantaged, Limited Resource, Beginning and Veteran Farmer or Rancher Certification**
- **Establish a Farm Record & Obtain a Farm Number**
- **AD-1026 HELC/WC Certification**
- **CCC-941 Average Adjusted Gross Income**
- **CCC-902E, Farm Operating Plan for an Entity**
- **Payment Enrollment Forms**



# FSA Will Then

**Enroll the farm or ranch in the FSA database**

**Create a map outlining the farm or ranch boundaries with acreage figures**

**Assign you a Farm Serial Number (FSN)**

**Provide producers with routine program notifications**



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# What else does FSA offer?

## Farm Programs

- Disaster Assistance
- Conservation Programs
- Safety Net
- Risk Management
- Price Support

## Farm Loans

- Ownership Loans
- Operating Loans
- Microloans
- Loan Guarantees

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# Reimbursement Transportation Cost Payment Program (RTCP)

## Applicants must:

- geographically disadvantaged farmers and ranchers in **Alaska**.

**Overview:** The Consolidated Appropriation Act 2022 reauthorized the Reimbursement Transportation Cost Payment Program (RTCP) for geographically disadvantaged farmers and ranchers to reimburse producers for a portion of the cost to transport agricultural commodities or inputs used to produce an agricultural commodity.

## Eligible agricultural commodities:

Aquaculture  
Feed  
Fiber

Horticulture, including trees  
Insects or products thereof  
Floriculture

## Livestock, including:

elk  
reindeer  
bison  
horses  
deer

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# Alaska FSA Office Structure



- **State Office - Palmer**
- **County Offices**
  - Delta Junction – Northern
  - Palmer - Southern

## Northern:

**Debbie White**, County Executive Director  
**Taylor Ormsbee**, Program Analyst  
**Vacant**, Farm Loan Specialist

## Southern:

**Hazen Kazaks**, County Executive Director  
**Chris Dickinson**, Program Analyst

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## **Northern County Office**

Mile 1420.5 Jarvis Building AK Hwy  
Delta Junction AK 99737  
(907) 895-4242 ext.101

### **Debbie White**

County Executive Director  
[deborah.white@usda.gov](mailto:deborah.white@usda.gov)

## **Southern County Office**

800 E Palmer Wasilla Hwy Ste 216  
Palmer AK 99645  
(907) 761-7773

### **Hazen Kazaks**

County Executive Director  
[hazen.kazaks@usda.gov](mailto:hazen.kazaks@usda.gov)

### **Erin Sturdivant**

Agricultural Program Manager  
Alaska State Office  
(907)761-7754  
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# QUESTIONS?

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