

<p><b>MQ-78-C U.S. DEPARTMENT OF AGRICULTURE</b> (Tobacco) Farm Service Agency (03-25-03)</p> <p style="text-align: center;"><b>TOBACCO RECEIVING STATION REGISTRATION</b></p> <p><i>(See Page 2 for Privacy Act and Public Burden Statements.)</i></p>	<p>1. RECEIVING STATION NUMBER <i>(5 Digits)</i></p>	<p>2. MARKETING YEAR <i>(YYYY)</i></p>	
<p>4. MARKET LOCATION <i>(City and State)</i></p>	<p>3. KIND OF TOBACCO <i>(Check one below:)</i></p> <p><input type="checkbox"/> BURLEY</p> <p><input type="checkbox"/> FLUE-CURED</p>		
<p>6. RECEIVING STATION'S NAME AND ADDRESS <i>(Including Zip Code)</i></p> <p>CONTACT PERSON:</p> <p>TELEPHONE NUMBER <i>(Area Code):</i></p>	<p>5. TOBACCO LOAN ASSOCIATION NAME</p> <p>7. CUSTODIAN AND LOCATION OF RECEIVING STATION RECORDS AFTER MARKETING SEASON <i>(Including Zip Code)</i></p> <p>CONTACT PERSON:</p> <p>TELEPHONE NUMBER <i>(Area Code):</i></p>		
<p>8. MAILING ADDRESS IF DIFFERENT FROM ADDRESS IN ITEM 6 <i>(Including Zip Code)</i></p>	<p>9A. BUYING COMPANY'S NAME AND ADDRESS <i>(Including Zip Code)</i></p> <p>CONTACT PERSON:</p> <p>COMPANY'S SSN OR TAX ID NUMBER:</p> <p>TELEPHONE NUMBER <i>(Area Code):</i></p>		
<p>9B. RECEIVING STATION OFFICIAL'S NAME AND ADDRESS <i>(Including Zip Code)</i></p> <p>SSN OR TAX ID NUMBER:</p> <p>TELEPHONE NUMBER <i>(Area Code):</i></p>			
<p><b>COMPLETE ITEMS 10 AND 11 BELOW FOR PERSONS WHO ARE EMPLOYED BY THE RECEIVING STATION AGENT OR RECEIVING STATION BUYING COMPANY. ATTACH A SEPARATE PAGE IF ADDITIONAL SPACE IS NEEDED.</b></p>			
<p>10. WEIGH PERSON'S NAME AND ADDRESS <i>(Including Zip Code)</i></p> <p>SSN OR TAX ID NUMBER:</p>	<p>11. RECEIVING STATION AGENT'S NAME AND ADDRESS <i>(Including Zip Code)</i></p> <p>SSN OR TAX ID NUMBER:</p>		
<p>12. Please answer the following questions for persons listed in Items 10 and 11.</p>		<p><b>YES</b></p>	<p><b>NO</b></p>
<p>A. Is there a member of your immediate family or household who is currently, or in the past 3 years has been, engaged in buying or selling tobacco?</p>			
<p>B. Do you or any other person listed on this application have an ownership or managerial interest in the following:</p>			
<p>(1) A tobacco farm?</p>			
<p>(2) A tobacco dealer operation?</p>			
<p>(3) A tobacco auction warehouse?</p>			
<p>(4) Another tobacco receiving station?</p>			
<p>C. Does any person listed on this application owe a marketing quota penalty to the United States?</p>			

12. (CONTINUED)

D. If any of the questions in Item 12 on Page 1 are marked "YES" give the person's name and provide a brief explanation. Attach a separate page if additional space is needed.


13. REMARKS

**14. CERTIFICATION**

*I certify under the penalties provided by law, that the information provided herein is true, correct, and complete to the best of my knowledge and belief. (Title 18 USC provides a fine of \$10,000 or 5 years imprisonment or both.)*

14A. SIGNATURE OF RECEIVING STATION OFFICIAL	14B. DATE (MM-DD-YYYY)
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**15. FOR FSA USE ONLY - CERTIFICATION OF MARKETING QUOTA PENALTY DEBTS**

NAME	B. SOCIAL SECURITY OR IDENTIFICATION NO.	C. AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

*I have reviewed all persons listed in this application for marketing quota penalty debts. The amounts shown above are true and correct to the best of my knowledge.*

16A. NAME OF FSA OFFICIAL	16B. TITLE	16C. DATE (MM-DD-YYYY)
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**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 Pub. L. 430 and 7 CFR Part 723. The information will be used to ensure that the integrity of the tobacco program is not compromised. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in receiving station official not retaining the marketing card(s). 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 0560-0182. The time required to complete this information collection is estimated to average 20 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 USDA, FSA, DIRECTOR, TOBACCO DIVISION, 1400 INDEPENDENCE AVENUE, S.W., STOP CODE 0514, ROOM NO. 5750-S, WASHINGTON, D.C. 20250-0514.*