

MQ-78

(Tobacco)
(07-28-98)

U. S. Department of Agriculture
Farm Service Agency

**TOBACCO WAREHOUSE ORGANIZATION AND
REGISTRATION**

Report No.: PA-12R

Privacy Act and Public Burden Statement on Page 2

1. USDA WAREHOUSE NO.		2. MARKETING YEAR	
4. MARKET LOCATION (City and State)		5. NAME OF TOBACCO LOAN ASSOCIATION	
6. NAME AND STREET ADDRESS OF WAREHOUSE (Include Street, City, State and ZIP Code)		7A. CUSTODIAN AND LOCATION OF WAREHOUSE RECORDS AFTER MARKETING SEASON (Include Street, City, State and ZIP Code)	
7B. CUSTODIAN SSN OR ID NO.		7C. CUSTODIAN'S PHONE NO. (Include Area Code)	
8. MAILING ADDRESS IF DIFFERENT FROM ADDRESS IN ITEM 6 (Include Street, City, State and ZIP Code)		9. TYPE OF BUSINESS ENTITY Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation or Limited Partnership <input type="checkbox"/>	
13. NAME AND ADDRESS OF BOOKKEEPER (Include Street, City, State and ZIP Code)		10. HOME PHONE NO. (Include Area Code)	
		11. BUS. PHONE NO. (Include Area Code)	
		12. SSN OR ID NO.	
14. BOOKKEEPER'S SSN OR ID NO.		15. BOOKKEEPER'S HOME TELEPHONE NO. (Include Area Code)	
16. BOOKKEEPER'S BUS. TELEPHONE NO. (Include Area Code)		17. TITLE:	
17A. NAME AND ADDRESS (Include Street, City, State and ZIP Code)		17A. NAME AND ADDRESS (Include Street, City, State and ZIP Code)	
17B. TITLE:		17B. TITLE:	
17C. HOME PHONE (Include Area Code)	17D. BUS. PHONE (Include Area Code)	17C. HOME PHONE (Include Area Code)	17D. BUS. PHONE (Include Area Code)
17E. SSN OR ID NO.	17F. PERCENT SHARE %	17E. SSN OR ID NO.	17F. PERCENT SHARE %
17A. NAME AND ADDRESS (Include Street, City, State and ZIP Code)		17A. NAME AND ADDRESS (Include Street, City, State and ZIP Code)	
17B. TITLE:		17B. TITLE:	
17C. HOME PHONE (Include Area Code)	17D. BUS. PHONE (Include Area Code)	17C. HOME PHONE (Include Area Code)	17D. BUS. PHONE (Include Area Code)
17E. SSN OR ID NO.	17F. PERCENT SHARE %	17E. SSN OR ID NO.	17F. PERCENT SHARE %

COMPLETE ITEM 18 FOR PERSONS WHO ARE EMPLOYED BY THE WAREHOUSE. ATTACH SEPARATE PAGE IF ADDITIONAL SPACE IS NEEDED.

18A. NAME AND ADDRESS OF WEIGH PERSON (Include Street, City, State and ZIP Code)

18B. NAME AND ADDRESS OF LEAF ACCOUNT MANAGER (Include Street, City, State and ZIP Code)

SSN OR ID NO.:

SSN OR ID NO.:

19. Please answer the following questions:	YES	NO
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?		
B. Do you or any other person listed on this application have an ownership or managerial interest in:		
(1) A tobacco farm,		
(2) A tobacco dealer operation,		
(3) Another tobacco auction warehouse?		
C. Do you or any other person listed on this application owe a marketing quota penalty to the United States?		

20. If any of the questions in Item 19 are marked "YES", give the person's name and provide a brief explanation. Attach separate page if additional space is needed.

21. CERTIFICATION

I certify under the penalties provided bylaw, 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.)

21A. SIGNATURE OF WAREHOUSE OPERATOR	21B. TITLE	21C. DATE (MM-DD-YYYY)
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22. FOR FSA USE ONLY - CERTIFICATION OF MARKETING QUOTA PENALTY DEBTS

A. NAME	B. SSN OR ID 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.

23. STATE OFFICE SPECIALIST	24. DATE (MM-DD-YYYY)
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25. RETURN COMPLETED FORMS TO THE COUNTY FSA OFFICE WITHIN ONE WEEK OF THE BEGINNING OF THE MARKETING SEASON

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 CFR Part 723. The information will be used to properly identify those persons who will be responsible for the operation of each warehouse for the marketing year. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in denial of participation in the program. 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 administration tribunal. The provisions of criminal and civil fraud statues, 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 0560-0058. The time required to complete this information collection is estimated to average 30 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.**