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CCC-963
(04-10-09)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

**TOBACCO TRANSITION PAYMENT PROGRAM
ACCOUNT REGISTRATION**

NOTE: The authority for collecting the following information is Pub. L. 108-357. The authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. 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.

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is Pub. L. 108-357 (The Fair and Equitable Tobacco Reform Act of 2004). The information will be used to determine eligibility for program payments. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility. 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, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

PART A – PARTICIPANT INFORMATION

1A. Participant's Name and Physical Address (Including Zip Code)		2. Participant's Taxpayer Identification Number (4 digits)		
		3. Participant's Telephone Number (Including Area Code)		
1B. Participant's Mailing Address (If different from above) (Including Zip Code)		4. Participant E-mail Address		
5. Contact Person's Name		6. Contact Person's Telephone Number (Including Area Code)		
7. If the Participant in Item 1A is an individual, do not complete Item 7. If the Participant in Item 1A is an entity, list the name(s) of the person(s) authorized to sign Form CCC-962 Successor-In-Interest Contract on behalf of the entity. (Use form FSA-211 if you wish to appoint a Power of Attorney.)				
A. Name (Print)		B. Taxpayer Identification Number (4 digits)		
8. Commodity Credit Corporation will post participant information listed in Items 1A, 1B, 3, and 4 to www.fsa.usda.gov/tobacco unless you request that such information be withheld by checking the box below: <input type="checkbox"/> Withhold participant information				
9. Have you submitted:	YES	NO	State Where Submitted	County Where Submitted
A. Highly Erodible Land Conservation and Wetland Certificate (AD-1026)?				
B. Direct Deposit Sign-Up Form (SF-1199A)?				
C. Power of Attorney (FSA-211) (if applicable)?				

Note: If the answer is "YES" to the questions above, enter the State and County where submitted.
If the answer is "NO" to the questions above, submit applicable form(s) with this registration.
Forms are available at <http://forms.sc.egov.usda.gov/eforms/mainervlet>

By signing this registration request, you agree to abide by the provisions found at 7 CFR Part 1463.

10A. Signature of Participant	10B. Date Signed (MM-DD-YYYY)

PART B – SUBMIT COMPLETED FORM

11A. Return Form To: U.S. Department of Agriculture Price Support Division, Room 4093 1400 Independence Avenue, S.W., STOP 0512 Washington, DC 20250-0512	OR	11B. FAX Form to Price Support Division 202-690-3307	11C. Questions Please Call 202-720-7901
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PART C – CCC USE ONLY

12A. Quota Holder's Account Number	12B. Producer's Account Number	13. Date Accounts Assigned (MM-DD-YYYY)

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