This form is available electronically. Form Approved – OMB No. 0560-0237

FSA-2370
(10-13-15)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

REQUEST FOR WAIVER OF BORROWER TRAINING REQUIREMENTS / BORROWER TRAINING ASSESSMENT

PART A – WAIVER REQUEST

FSA may waive the financial and/or production training requirements if the applicant has:

(1) Successfully completed a financial management training program or has sufficient practical experience including a demonstrated ability to keep records. Applicant must submit evidence of having completed a similar course as those approved by FSA, including description of content and subjects covered in the course, grade received, or certificate of completion or information related to their practical experience. Information previously submitted (such as college transcripts and list of training courses previously completed) does not need to be resubmitted.

(2) Experience and/or training which demonstrates the abilities necessary for successful and efficient production. Applicant must submit, at a minimum, production records for the past 3 years and explain how the production records demonstrate production ability. Subsequent waiver requests may utilize information on file and previously submitted information does not need to be resubmitted.

1. I *(a)* _____ request FSA grant a waiver from *(b)* ☐ financial management and/or *(c)* ☐ production borrower training requirements, contained in 7 CFR 764, based on *(d)* ☐ the attached documentation, or *(e)* ☐ the following:

2A. Signature *(only required for Borrower Training Waiver Request)*	2B. Date *(MM-DD-YYYY)*

PART B – FSA USE ONLY

3A. FSA's Waiver Request Decision:	3B. If Denied, Reason for Denial
APPROVED: ☐ Financial Management ☐ Production **DENIED**: ☐ Financial Management ☐ Production	
3C. FSA's Assessment of Previous Waiver and Completed Training ☐ Additional Training is **not** required *(Check all that apply)*: ☐ Prior Waiver Remains Valid ☐ Completed Training on: _____ ☐ Training requirement reconsidered and training **is** required *(Check all that apply) (See comments in Item 3D)*: ☐ Financial Management ☐ Production	3D. Comments
4A. Name	4B. Title
4C. Signature	4D. Date *(MM-DD-YYYY)*

NOTE: *The following is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 et. seq.). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. The information collected on this form may be disclosed to other Federal, State, and local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in the applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes 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. The valid OMB control number for this information collection is 0560-0237. 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 reviewing the collection of information. ***RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at ***http://www.ascr.usda.gov/complaint_filing_cust.html****, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at* ***program.intake@usda.gov****. USDA is an equal opportunity provider and employer.*