

MQ-60 (12-19-03) U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency BURLEY TOBACCO LEASE AND TRANSFER DATABASE ANNUAL WAIVER TO RELEASE INFORMATION RESTRICTED BY THE PRIVACY ACT	1. Print Producer's Name <i>(Last, First, Middle Initial)</i>	
	2. Producer's Telephone Number <i>(Include area code)</i>	
	3. Crop Year	4. Pounds Available for Lease
	5. State in which Quota will be Leased	
	6. Farm Serial Number	

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 723.216. The information will be used to assist farmers lease tobacco. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in the internet posting being unavailable to the producer. 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 0560-0217. The time required to complete this information collection is estimated to average 3 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.***

PRODUCER'S AGREEMENT AND CERTIFICATION

In order to facilitate the leasing of my quota in the State identified in Item 5 above, I agree that the Farm Service Agency (FSA) may release my name, telephone number, and burley tobacco pounds available to lease to others, including those persons interested in leasing burley tobacco. Such release of information can include, but is not limited to, the publication, by hard copy or on an Internet Web site, of a list of available quota. I acknowledge that this release of information is voluntary, a service to me, and that there shall be no liability to the USDA or its employees for errors that may occur in such release.

I also understand that I am responsible for notifying the county FSA office where my farm is administratively located when my burley tobacco has been leased, so that FSA may remove my farm's information from the burley tobacco lease and transfer database.

7A. Producer's Signature	7B. Date (MM-DD-YYYY)

FOR FSA USE ONLY

8A. Signature of FSA Official	8B. FSA Official's Title	8C. Date (MM-DD-YYYY)
9A. FSA Address Where Farm is Administratively Located		9B. FSA Office Telephone Number <i>(Include Area Code)</i>
10. Remarks		

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