

AD-2047
(08-04-09)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency
Rural Development
National Resources Conservation Service

CUSTOMER DATA WORKSHEET REQUEST FOR SCIMS RECORD CHANGE
(FOR INTERNAL USE ONLY)

(See Page 2 for Privacy Act and Public Burden Statements)

PART A – CUSTOMER INFORMATION

1A. Customer's Full Legal Name or Business Name		1B. Customer or Business Address (Including Zip Code)	
1C. Home Telephone Number (Area Code)	1D. Business Telephone Number (Area Code)	1E. Other Telephone Number (Area Code)	
2. SSN or Tax ID Number (9 Digits)	3. E-Mail Address		4. Customer Wishes to Receive Mail? <input type="checkbox"/> YES <input type="checkbox"/> NO
5. Producer is Customer of One or More of the Following Agencies. (Check Appropriate Agency(ies) below): <input checked="" type="checkbox"/> FSA <input type="checkbox"/> RD <input type="checkbox"/> NRCS <input type="checkbox"/> Not Participating <input checked="" type="checkbox"/> SWCD			
6. Is the Customer a Multi-County Producer? <input type="checkbox"/> YES (If "YES," list States and/or Counties below:) <input type="checkbox"/> NO			
7. Reason for Request (Check appropriate box(es) below): <input type="checkbox"/> New Producer <input type="checkbox"/> Address Change <input type="checkbox"/> Telephone Change <input type="checkbox"/> Sale/Purchase <input type="checkbox"/> Life Event <input type="checkbox"/> Other (Specify):			
8. Enter the name of the customer requesting the record change(s). If documentation is received by Fax or from a trusted source (i.e., USPS), attach documentation to this form. Only Part A, Item 1A and Part B shall be completed. If the request was received by telephone, complete applicable blocks necessary to document the change(s) and enter the requestor's name in Item 8A. Requestor's signature is not required. (The only time the customer is required to sign Item 8B is when they are physically at a Service Center and providing FSA with applicable information.)			
8A. Name of Customer Requesting Change		8B. Signature	
		8C. Date of Record Change (MM-DD-YYYY)	

PART B – SERVICE CENTER ACTION

9A. Agency Who Received Request: (Check one below): <input checked="" type="checkbox"/> FSA <input type="checkbox"/> NRCS <input type="checkbox"/> RD	9B. Initials of Employee Receiving Request (If Different than Item 12A)	9C. Date Service Center Employee Received the Request (MM-DD-YYYY)
10. How the Request for Change was Received: <input type="checkbox"/> Office Visit <input type="checkbox"/> Telephone <input type="checkbox"/> FAX <input type="checkbox"/> USPS <input type="checkbox"/> Other (Specify):		
11. Remarks if Applicable: I wish to receive eAlerts to the email address provided above _____ I wish to receive electronic mailing to the email address provided above _____ I wish to receive text messaging (standard rates apply) _____ Cell carrier _____		
12A. Signature of Employee Updating SCIMS if not initiated in Item 9B.		12B. Date Service Center Employee Updating SCIMS (MM-DD-YYYY)

FOR DISTRICT DIRECTOR/AREA CONSERVATIONIST USE ONLY.

13A. I concur/do not concur the above items have been properly updated. <input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur	
13B. Name of District Director/Area Conservationist for Spot Check	13C. Signature of District Director/Area Conservationist for Spot Check
13D. Title	13E. Date (MM-DD-YYYY)