This form is available electronically.

FSA-211
(12-17-08)

U. S. DEPARTMENT OF AGRICULTURE
Farm Service Agency - Natural Resources Conservation Service -
Commodity Credit Corporation - Federal Crop Insurance Corporation - Risk Management Agency

POWER OF ATTORNEY

THE UNDERSIGNED does hereby appoint the following grantee:
(1) _____ of the following address: *(2)* _____
_____ in the county of: *(3)* _____ in the State of:
(4) _____ the attorney-in-fact for *(5)* _____
(insert grantor's name) in connection with the Farm Service Agency, Natural Resources Conservation Service Agency, or Commodity Credit Corporation programs checked below. **NOTE: This power of attorney form is not valid for FSA Farm Loan Program purposes.**

A. FSA, NRCS and CCC PROGRAMS

(Check applicable programs)

- ☐ 1. All current programs.
- ☐ 2. All current and all future programs.
- ☐ 3. Direct and Counter-Cyclical Program.
- ☐ 4. Average Crop Revenue Election Program.
- ☐ 5. Supplemental Revenue Assistance Payments Program (SURE).
- ☐ 6. Tree Assistance Program (TAP).
- ☐ 7. Livestock Indemnity Program (LIP).
- ☐ 8. Livestock Forage Disaster Program (LFP).
- ☐ 9. Emergency Assistance for Livestock, Honey Bees, and Farm-Raised Fish (ELAP).
- ☐ 10. Noninsured Crop Disaster Assistance Program.
- ☐ 11. Marketing Assistance Loans and Loan Deficiency Payments.
- ☐ 12. Milk Income Loss Contract Program.
- ☐ 13. Farm Storage Facility Loan Program.
- ☐ 14. FSA Conservation Programs.
- ☐ 15. NRCS Conservation Programs.
- ☐ 16. Tobacco Programs.
- ☐ 17. *Other (Specify):* _____

B. TRANSACTIONS for FSA, NRCS and CCC PROGRAMS

(Check applicable actions)

- ☐ 1. All actions.
- ☐ 2. Signing applications, agreements, and contracts.
- ☐ 3. Making reports.
- ☐ 4. Conducting all marketing assistance loan and LDP transactions.
- ☐ 5. AGI Certification
- ☐ 6. Routing Banking Accounts
- ☐ 7. Other *(Specify):* _____

This form may also be used to grant authority to an attorney-in-fact to act on the grantor's behalf with respect to FCIC crop insurance policies. Checking any of the FCIC transactions does not have any impact as to the FSA, NRCS or CCC transactions checked above:

C. INSURED CROPS/STATE/COUNTY

(Enter "All" or specify each crop, state, county and year(s)

1. _____
2. _____
3. _____
4. _____

D. CROP INSURANCE TRANSACTIONS

(Check applicable actions)

- ☐ 1. All actions.
- ☐ 2. Making application for insurance.
- ☐ 3. Reporting crop acreage and production reports.
- ☐ 4. Reporting a notice of damage or loss and making claim for indemnity.
- ☐ 5. Making transfers and cancellations.
- ☐ 6. Making contract changes.
- ☐ 7. Other *(Specify):* _____

This Power of Attorney is valid in all counties in the United States unless otherwise noted. This power of attorney shall remain in full force and effect until *(1)* written notice of its revocation has been duly served upon FSA, NRCS or CCC as appropriate; *(2)* death of the undersigned grantor; or (3*)* incompetence or incapacitation of the undersigned grantor. The undersigned grantor shall provide separate written notice of revocation to the applicable crop insurance agent. This power of attorney shall not be effective until properly executed and served to a USDA Service Center.

6A. Signature of Grantor *(Individual)*	6B. Signature Date *(MM-DD-YYYY)*	6C. For Grantor's Signature Continuation, check here if FSA-211A is attached. ☐
7A. Signature of Grantor *(Partnership, Corporation, Trust, etc.)* (By)	7B. Title/Relationship of Individual Signing in the Representative Capacity	7C. Signature Date *(MM-DD-YYYY)*

8. Notary Public *(this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).*
Signature *(a)* _____ the State of *(b)* _____ the County of *(c)* _____ .

9A. Witness Signature *(FSA Employee Only)*		9C. Official Position

10. This power of attorney was served to *(a)* _____ USDA Service Center, *(b)* State of _____ and became effective this *(c)* _____ day of *(d)* _____ , *(e)* _____ .

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

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3A. Signature of Grantor (By)		3C. Signature Date
3D. Witness Signature *(FSA Employee Only)*	3E. Signature Date	3F. Official Position

3G. Notary Public (this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).

Signature: _____ the State of _____ the County of _____

4A Signature of Grantor (By)		4C. Signature Date
4D. Witness Signature *(FSA Employee Only)*	4E. Signature Date	4F. Official Position

4G. Notary Public (this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).

Signature: _____ the State of _____ the County of _____

5A. Signature of Grantor (By)		5C. Signature Date
5D. Witness Signature *(FSA Employee Only)*	5E. Signature Date	5F. Official Position

5G. Notary Public (this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).

Signature: _____ the State of _____ the County of _____

6A Signature of Grantor (By)		6C. Signature Date
6D. Witness Signature *(FSA Employee Only)*	6E. Signature Date	6F. Official Position

6G. Notary Public (this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).

Signature: _____ the State of _____ the County of _____

7A Signature of Grantor (By)		7C. Signature Date
7D. Witness Signature *(FSA Employee Only)*	7E. Signature Date	7F. Official Position

7G. Notary Public (this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).

Signature: _____ the State of _____ the County of _____

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