

Instructions for FSA-211 *POWER OF ATTORNEY*

Producers use the FSA-211, Power of Attorney, to appoint someone to act on their behalf as attorney-in-fact. This document gives another person legal authority to enter into binding agreements and may create liability for you. The attorney-in-fact's power and responsibilities depend on the specific powers granted in this document.

This form is valid only for certain programs and actions offered by the Commodity Credit Corporation (CCC), Farm Service Agency (FSA), and the Federal Crop Insurance Corporation (FCIC).

Producers must have their signature witnessed by a FSA employee or notarized by a Notary Public. The completed original form must be submitted in hard copy to the Fambro LSA.

The original form must be submitted. FSA-211s received through telefacsimile machines will not be accepted.

Entry Identifier	Instruction
The Undersigned does hereby appoint ...	Enter the Name (1), Address (2), County (3), State (4) of the person being granted the authority to act on your behalf. (This is already filled out for you.)
...to act for (5)_____.....	Enter your name (5). If the grantor of the authority is an entity such as a corporation or partnership, enter the name of the entity.
Parts A, B, C, D	(This is already filled out for you.)
Authorized Signatures Section 6	If you are an individual, sign your name (6a), date signed (6b), and your social security number (6c). (A spouse may use the same FSA-211, and sign-on line 2) Note: Notarized by a notary public. Signatures not witnessed by a FSA/LSA employee or acknowledged by a valid Notary Public will not be accepted. See section 7 for signature instructions for entities.
Authorized Signatures Section 7	If the grantor of authority is an entity such as a corporation or partnership, a representative of the entity with signature authority must sign (7a), enter their title (7b), date signed (7c). Enter the entity identification number (7d). Note: The signature must be witnessed by a FSA/LSA employee or notarized by a notary public. Signatures not witnessed by a FSA/LSA employee or acknowledged by a valid Notary Public will not be accepted.

Authorized Signatures Section 8	Leave blank. This item must be filled in by FSA/LSA witness.
Notorization Section 9	Leave blank. The signature must be acknowledged by a valid Notary Public if your signature is not witnessed by a FSA/LSA employee.
Section 10	Leave blank. This item is for FSA/LSA use only.