

<b>WA-225</b> (06-02-05)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency	1. NAME AND LOCATION OF WAREHOUSE (City and State)	2. LICENSE AND CODE No.
WAREHOUSE OPERATOR'S STATEMENT AND EXAMINER'S COMPARISON OF OBLIGATED STOCKS			

**NOTE:** The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a) and the Paperwork Reduction Act of 1995, as amended. 7 CFR Part 735 authorizes the collection of the following data. This data is being collected to comply with the U.S. Warehouse Act, 7 U.S.C. 242 and Standards for Approval of Cotton Warehouses, 7 CFR Part 1427. Data is used to determine whether licensee has required facilities and is operating in accordance with the Act, regulations or contractual requirements. No warehouse license or contract approval may be granted unless pertinent information is obtained. Furnishing the data is voluntary; however, without it assistance cannot be provided. This information may be furnished to any agency responsible for enforcing the provisions of the Act. This information will not be disclosed outside of the U.S. Department of Agriculture except as required by law to the Department of Justice and the Department of Treasury. 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 U.S.C. 286, 287, 371, 641, 651, 1001, 15 U.S.C. 714m, and 31 U.S.C. 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 0560-0120. 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 maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR KANSAS CITY COMMODITY OFFICE, WAREHOUSE LICENSE AND EXAMINATION DIVISION, P.O. Box 419205, Kansas City, MO 64141-6205.

3. PAPER/CARD RECEIPTS ISSUED SINCE LAST EXAMINATION			4. UNISSUED RECEIPTS ON HAND		
A. BEGINNING NO.	B. ENDING NO.	C. NO. ISSUED	A. BEGINNING NO.	B. ENDING NO.	C. NO. ON HAND
<b>D. TOTAL</b> ☺			<b>D. TOTAL</b> ☺		

**5. BONDS COVERING LOST OR DESTROYED RECEIPTS (List on WA-101)**

**6. ELECTRONIC STORAGE OBLIGATIONS AND STOCKS ON HAND:**

A. TYPE (ELECTRONIC)	RECEIPTS B. OUTSTANDING THIS POSTED DATE
(1) MULTIPLE FORM RECEIPTS	
(2) UNITS	
(3) SINGLE FORM RECEIPTS AND UNITS	
<b>(4) TOTAL UNITS:</b> ☺	

**7. PAPER STORAGE OBLIGATIONS AND STOCKS ON HAND:**

A. TYPE (PAPER)	RECEIPTS			
	B. OUTSTANDING AT LAST POSTED DATE	C. ISSUED SINCE LAST CUT-OFF	D. CANCELED SINCE LAST POSTED DATE	E. OUTSTANDING THIS POSTED DATE
(1) MULTIPLE FORM RECEIPTS				
(2) UNITS				
(3) SINGLE FORM RECEIPTS AND UNITS				
(4) TOTAL UNITS				

F. Non-Receipted Obligations: ☺

**G. NET TOTAL UNITS (ITEM 6(4) B , ITEM 7(4) E) and F :** Represented by Receipted and Non-Receipted at time of cut-off: ☺

8. DOES THE WAREHOUSE RECORDS MATCH THE PROVIDER'S RECORDS?  YES  NO (IF "NO", NOTE ON WA-101 or WA-125)

9. DO YOU HAVE ANY TYPE OF AGREEMENT WITH A FIELD WAREHOUSE COMPANY?  YES  NO  
 IF "YES", HAS THIS BEEN CLEARED WITH USDA?  YES  NO (If "NO" furnish copy to examiner).

**WAREHOUSE OPERATOR'S CERTIFICATION:** I hereby certify to the U.S. Department of Agriculture and the Commodity Credit Corporation, subject to penalties of applicable laws for knowing false representations and similar offenses (e.g., 15 U.S.C. 714m and 18 U.S.C. 1001) that the information contained in the above Warehouse Operator's Statement is, to the best of my knowledge and belief, a true, correct and complete statement, and that I have no obligations as a warehouse operator to deliver any agricultural product to any person as of the date and hour shown above, other than as indicated in this statement. I understand that the examination by a representative of the U.S. Department of Agriculture in connection with which this statement is furnished and the information contained herein does not relieve me of any responsibilities under the U.S. Warehouse Act of any Agreement I have entered into with the Commodity Credit Corporation.

10A. SIGNATURE OF WAREHOUSE OPERATOR OR AUTHORIZED AGENT	10B. TITLE	10C. DATE (MM-DD-YYYY)	10D. NAME OF WAREHOUSE EXAMINER WITNESSING SIGNATURE

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (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 USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

**11. EXAMINER'S COMPARISON OF WAREHOUSE OPERATOR'S OBLIGATIONS AND INVENTORIED STOCKS:**

A. TOTAL STOCKS ON HAND: _____		B. CUT-OFF DATE: _____		UNIT CHECK <input type="checkbox"/>	COUNT <input type="checkbox"/>
				STATISTICAL <input type="checkbox"/>	
C. UNIT CHECK	D. COUNT	E. STATISTICAL	F. ALL OTHER		

**12. STOCK VARIANCES** (List on WA-101 or WA-125)

**13. COMPARISON OF WAREHOUSE OPERATOR'S STORAGE OBLIGATIONS AND INSURANCE IN EFFECT. DO NOT COMPLETE COLUMNS 13E and 13F WHERE COTTON STOCKS ARE COVERED BY 100%, NO-LIMIT REPORTING FORM POLICY.**

A. STOCKS	INVENTORY UNITS				
	B. INSURED	C. NOT INSURED	D. TOTAL	E. VALUE OF INSURED STOCK	F. INSURANCE IN EFFECT
(1) Covered by receipts					
(2) Not covered by receipts					
<b>TOTALS</b> ☺					

**14. STOCKS NOT COVERED BY INSURANCE REPORTED BELOW BELONGING TO:**

A. CCC: \_\_\_\_\_ B. OTHERS: \_\_\_\_\_

15A. IF REPORTING FORM INSURANCE IS CARRIED, WHEN WAS LAST REPORT SUBMITTED?	15B. DID REPORT TO INSURANCE COMPANY CORRESPOND WITH WAREHOUSE RECORDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	15C. IF "NO", EXPLAIN:
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**16. INSURANCE POLICIES IN EFFECT WHICH COVER STOCKS:**

A. POLICY NO.	B. INSURANCE COMPANY	C. EXPIRATION DATE (MM-DD-YYYY)	AMOUNT OF INSURANCE	
			D. FIRE	E. EXTENDED COVERAGE
			\$	\$
			\$	\$
			\$	\$

17. NUMBER OF BALES	18. VALUE PER BALE \$	19. TOTAL VALUE \$
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20A. SIGNATURE OF EXAMINER	20B. DATE (MM-DD-YYYY)
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