

Instructions For WA-460-5 Nuts

ADDENDUM TO THE PROVIDER AGREEMENT TO ELECTROINICALLY FILE AND MAINTAIN NUT WAREHOUSE RECEIPTS

Used by authorized providers to contract with FSA to provide services to users of the provider's electronic storage and transfer system.

Submit the original of the completed form in hard copy or facsimile to the Kansas City Commodity Office (KCCO0, Warehouse Licensing and Examination Division, STOP 9148, P O Box 419205, Kansas City, MO 64141-6205; or FAX 816-926-1774. Customers who have established electronic access credentials with KCCO may electronically transmit this form to KCCO.

Features for transmitting the form electronically are available to those customers with access credentials only. If you would like to establish online access credentials with KCCO, follow the instructions provided at the USDA eForms site.

Providers complete Items (a) through (e).

Fld Name / Item No.	Instruction
(a) Name of Provider	Enter the complete name of the Provider.
(b) Name of Provider	Enter the complete name of the Provider.
(c) Signature of Provider	Enter the signature of the Provider's authorized representative.
(d) Title of Provider	Enter the title of the Provider's authorized representative.
(e) Date	Enter the date of the signature of the Provider's authorized representative.

Items (f) and (g) are for FSA use only.