

Instructions For WA-490

PROVIDER AGREEMENT TO ELECTRONICALLY FILE AND MAINTAIN OTHER ELECTRONIC DOCUMENTS

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 (KCCO), Warehouse License and Examination Division, STOP 9148, P.O. Box 419205, Kansas City, MO 64141-6205; or FAX 816-926-1548. 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 USDA, follow the instructions provided at the USDA eForms web site.

Providers complete Page 1 and Page 8.

Fld Name / Item No.	Instruction
Name of Provider	Enter complete name of Provider, on page 1.
Name of Provider	Enter complete name of Provider, on page 8.
Signature	Enter signature of Provider's authorized person, on page 8.
Title	Enter title of Provider's authorized person, on page 8.
Date	Enter date of signature of Provider's authorized person, on page 8.

Page 8 "Deputy Administrator for Commodity Operations" and "Date" is for FSA use only.