

WA-237
(08-18-04)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

1. MAIL OR FAX TO: **FAX No. (816) 926-1548**

**CHIEF
LICENSING BRANCH
P.O. BOX 419205
STOP 9148
KANSAS CITY, MISSOURI 64141-6205**

ORDER FOR PRINTING U.S. WAREHOUSE RECEIPT FORMS

(See Page 2 for Privacy Act and Public Burden Statements)

2. FOR FSA USE ONLY

3. ORDER NO.

A. VENDOR NAME	B. CONTACT INFORMATION	
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4. LICENSE NO.	5. PRINT: <input type="checkbox"/> RECEIPT NUMBER	<input type="checkbox"/> CCC WAREHOUSE CODE NO. _____ <input type="checkbox"/> CONTROL NO. _____
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6. NAME OF WAREHOUSE	7. LOCATION OF WAREHOUSE
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8. NAME OF WAREHOUSE OPERATOR

9. INCORPORATED UNDER THE LAWS OF STATE OF: *(If not incorporated, show "None.")*

10. QUANTITY WANTED	11. SERIALLY NUMBERED		12. COPIES IN SET <i>(Excluding original)</i>	13. TYPE ASSEMBLY DESIRED
	FROM	TO		

NOTE: Duplicate copy of UGRSA grain receipts will be fully printed on salmon paper. Record Copy (to remain in book) - White

14. COMMODITY TO BE COVERED: *(Check one)*
 COTTON RICE GRAIN OTHER *(Specify)* _____

15. KIND OF RECEIPT: <i>(Check one)</i> <input type="checkbox"/> BEARER <input type="checkbox"/> ORDER <input type="checkbox"/> NON-NEGOTIABLE	16. INSURANCE STATEMENT: <i>(Check one)</i> <input type="checkbox"/> FULLY INSURED <i>(Standard policy)</i> <input type="checkbox"/> ALL RISK <i>(Except war risk)</i> <input type="checkbox"/> NOT INSURED
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17A TYPE OF RECEIPT: *(Check one)*
 SINGLE BALE MULTIPLE BALE UGRSA *(Grain)* SPECIAL FORM *(Copy attached)* STANDARD *(Type)* _____

18. OVERPRINT: *(Check appropriate box(es) below) (Red ink will be used unless otherwise specified.)*
 LICENSED WEAHER NOT GRADED ON REQUEST OF DEPOSITOR OTHER *(Specify exact wording)* _____

19. WAREHOUSE RATES IN LIEN COLUMN? *(Check one)*
 YES NO If "YES," specify exact wording _____

20. SHIP TO: <i>(Specify exact name and address, including ZIP Code to which receipts are to be shipped.)</i> SHIP BY: <i>(Method)</i> _____	21. REMARKS _____ _____
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22. FOR USDA USE ONLY

A. APPROVED BY _____ <i>(FOR U.S. DEPARTMENT OF AGRICULTURE)</i> B. DATE APPROVED _____	23. When this order is filled please have contract printer send statement of charges. A check will be promptly forwarded. A. NAME _____ <i>(LICENSED WAREHOUSE OPERATOR)</i> B. SIGNED _____ C. DATE SIGNED _____
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NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR Part 735. The information will be used to order warehouse receipts for warehouse operators. Furnishing the requested information is voluntary and no penalty will be imposed for failure to respond. However, a response is required in order to be considered for a warehouse license (7 U.S.C. 242). 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 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO P.O. BOX 419205, STOP 9148, KANSAS CITY COMMODITY OFFICE, WAREHOUSE LICENSE AND EXAMINATION DIVISION.***