|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This form is available electronically.** | | | | | | | Form Approved – OMB No. 0560-0120 | | | | | | | | | | | | | | | | | | |
| **WA-308**  (11-15-11) | | |  | **U.S. DEPARTMENT OF AGRICULTURE**  Farm Service Agency | | | | | | | | | | | | | | | | | |  | | | |
| **WAREHOUSE OPERATOR’S STATEMENT AND EXAMINER’S COMPARISON**  **OF OBLIGATIONS AND STOCKS** | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***NOTE:*** | *The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended).  The authority for requesting the information identified on this form is 7 CFR Part 735, 7 CFR Part 1423, 7 CFR Part 1427, the United States Warehouse Act (Pub. L. 106-472), and the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.). The information will be used to document the warehouse operator's statement of total stocks and obligations and the examiner's measurement and comparison of the inventoried stocks and obligations. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-3, Consultants File.  Providing the requested information is voluntary.  However, failure to furnish the requested information will result in a determination of ineligibility to obtain new licensing or retain existing licensing under the United States Warehouse Act.*  *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 completing and reviewing the collection of information.*  *The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.* ***RETURN THIS COMPLETED FORM TO THE KANSAS CITY COMMODITY OFFICE, WAREHOUSE LICENSE AND EXAMINATION DIVISION, STOP 9148, P.O. BOX 419205, KANSAS CITY, MO 64141-6205.*** | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Date and Hour of Cut-Off  A.M.  P.M. | | | | | | | | | | | | 2. License Number  and/ or Code Number | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 3. Name of Warehouse | | | | | | | | | | | | 4. Location of Warehouse *(City and State)* | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 5. Name of Warehouse Operator | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. Warehouse Operator’s Statement of Total Stocks and Obligations for this Warehouse:** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | KIND/CLASS OF GRAIN | | | |  | | | |  | | | | |  | | | |  | | | |  | | |
| **A. STOCKS:** | |  | | | |  | |  |  |  |  | | |  |  |  |  | |  |  |  | |  |  |  |
|  | |  | | | | Bu. | | Lbs. | Cwt. | Bu. | Lbs. | | | Cwt. | Bu. | Lbs. | Cwt. | | Bu. | Lbs. | Cwt. | | Bu. | Lbs. | Cwt. |
| (1) Stocks per company book (Last entry in DPR) | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |
| (2) Activity, if any, to  measurement cut-off,  including adjustments | | | | | Inbound |  | | | |  | | | | |  | | | |  | | | |  | | |
|  | | | | | Outbound |  | | | |  | | | | |  | | | |  | | | |  | | |
| (3) Stocks at cut-off | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |
| **B. OBLIGATIONS:**  (1) Receipted Obligations:  (a) To Others | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |
| (b) To Warehouse Operator | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |
| (2) Non-Receipted Obligations:  (a) To Others | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |
| (b) To Warehouse Operator | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |
| (c) Balance on CCC Loading Order | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |
| (3) Total Obligations | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |
| (4) Less agricultural products transferred to other  warehouses for storage | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |
| (5) Total obligations in this warehouse | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |
| (6) 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).* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7. 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 or any Agreement I have entered into with the Commodity Credit Corporation.*** | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Signature of Warehouse Operator or  Authorized Agent | | | | | | B. Title | | | | | | | C. Date Signed  *(MM-DD-YYYY)* | | | | | D. Name of Warehouse Examiner  Witnessing Signature | | | | | | | |
|  | | | | | |  | | | | | | |  | | | | |  | | | | | | | |
| **8. Examiner’s Comparison of Warehouse Operator’s Obligations and Inventoried Stocks:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Measured inventory | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |
| B. Difference in Items 6B(5) and 7A | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |
| C. Percentage of difference | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |
| D. Receipted to CCC Date of Listing | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |

WA-308 (11-15-11) Page 2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WAREHOUSE OPERATOR’S STATEMENT AND EXAMINER’S COMPARISON**  **OF OBLIGATIONS, INVENTORIED STOCKS, AND RELATED INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9. Cut-Off Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A.  Scale Tickets | | | | | | | | | | | | B.  Truck/Car/Barge | | | | | | | | | C.  Draft or Check | | | | | | | D.  Other | | | | |
| In |  | |  | | | |  | |  | | | No. | |  | | | | | In | | No. | | |  | | | |  | | | | |
| Out |  | |  | | | |  | |  | | | No. | |  | | | | | Out | | Date  *(MM-DD-YYYY)* | | |  | | | |  | | | | |
| **10. Warehouse Receipt Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **A.**  Type | | B.  Out-  Stand-  ing Last Exami-nation | | C.  Used Since Last Exami-nation | | D.  Can-  Celled Since Last Exami-nation | | E.  Out  Stand-  Ing This Exami-  nation | | | F.  Unused W/R  On Hand Last  Examination | | | | | | | G.  Used Since  Last  Examination | | | | | | | | H.  Unused W/R  On Hand This  Examination | | | | | | I.  Ware-  house  Receipts  Canceled  Through  No. |
|  | |  | |  | |  | |  | | | From | | To | | | No. | | From | | | | To | No. | | | From | To | | | | No. |  |
|  | |  | |  | |  | |  | | |  | |  | | |  | |  | | | |  |  | | |  |  | | | |  |  |
|  | |  | |  | |  | |  | | |  | |  | | |  | |  | | | |  |  | | |  |  | | | |  |  |
|  | |  | |  | |  | |  | | |  | |  | | |  | |  | | | |  |  | | |  |  | | | |  |  |
|  | |  | |  | |  | |  | | |  | |  | | |  | |  | | | |  |  | | |  |  | | | |  |  |
| **11. Warehouse Operator’s Statement of Commodities Transferred to Other Warehouses for Storage  *(Complete Form WA-300)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A.  Name and Address of Warehouse | | | | | | | | | | | B.  Date Shipped  *(MM-DD-YYYY)* | | | | | | C.  Kind/Class | | | | | | D.  Grade | | | | | | E.  Quantity | | | |
|  | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | |
|  | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | |
|  | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | |
|  | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | |
| **12. Storage obligations not covered by warehouse receipts from listings prepared by Warehouse Operator *(Not listed on Form WA-312, Page 2).*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A.  Identification | | | | | B.  Date  *(MM-DD-YYYY)* | | | | | C. Kind/Grade or Kind/Class ( Bu.  Lbs.  Cwt.) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | |
|  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | |
|  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | |
|  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | |
|  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | |
|  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | |
|  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | |
|  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | |
| 13. Total Non-Receipted  Obligations | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | |
| 14. MINUS-Transferred  to Other Warehouses | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | |
| 15. Net Total Stored  in This Warehouse | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | |
| 16A. Signature of Examiner | | | | | | | | | | | | | | | | | | | | | | | | | 16B. Date Signed *(MM-DD-YYYY)* | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |

*The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual’s income is derived from any public assistance program.  (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 to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC  20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay).  USDA is an equal opportunity provider and employer.*