

WA-53
(10-03-11)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

A. Name of Applicant

B. USWA License Number

**APPLICATION FOR A LICENSE TO INSPECT,
CLASSIFY, SAMPLE, AND/OR WEIGH AGRICULTURAL PRODUCTS
UNDER THE U.S. WAREHOUSE ACT**

NOTE TO APPLICANT: This application must be filled out and signed by the applicant. This application must be accompanied by a check or money order for the required fee and made payable to: **"FARM SERVICE AGENCY, USDA."**

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I am applying for a license, under the United States Warehouse Act, to perform the services indicated in Item 1.

1. TYPE OF SERVICE LICENSE REQUESTED: <input type="checkbox"/> Inspect <input type="checkbox"/> Weigh <input type="checkbox"/> Classify (<i>Condition, Grade, Class</i>) <input type="checkbox"/> Sample		3. TYPE OF CERTIFICATION: <input type="checkbox"/> Grade <input type="checkbox"/> Class <input type="checkbox"/> Condition <input type="checkbox"/> Weight	
2. TYPE OF WAREHOUSE: <input type="checkbox"/> Grain <input type="checkbox"/> Cotton <input type="checkbox"/> Cottonseed <input type="checkbox"/> Dry Beans <input type="checkbox"/> Nut <input type="checkbox"/> Syrup <input type="checkbox"/> Tobacco <input type="checkbox"/> Other: _____		4. Facsimile Signature/E-Signature <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Name and Address of Warehouse in Which You Will Perform the Service		6. Location of Warehouse (<i>Complete Mailing Address including Zip Code</i>)	
7. Present Employer's Name and Address (<i>Including Zip Code</i>)		8. Date Employed (<i>MM-DD-YYYY</i>)	9. Present Duties or Title
10. State your experience in the actual inspection, grading, sampling, classing, and/or weighing of the agricultural products covered by this application, specifying the number of years with dates and names of employers.			
11. Are you presently, or have you ever held a license for a similar service? and number, location, and for whom the services were performed.)		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES", please indicate type of license and</i>	
12. Please indicate any special training you have had pertinent to this application. Please include copies of certificates of training (<i>i.e., grain grading schools, seminars, USDA related schools, etc.</i>)			

13. Give names and addresses of four persons, not of your immediate family, and not connected with any warehouse you will serve, who have personal knowledge of your qualifications. Include your most recent employer on this list, if any.			
A. Name	B. Address (Street & No. or R.F.D. No. (Including Zip Code)	C. Telephone Number (Including Area Code)	D. Occupation

14. APPLICANT'S CERTIFICATION
"Knowing that false statements made to the Government are subject to penalty, I certify that I have not been convicted of a felony, that I am at least 18 years of age and physically capable to perform the duties required by the service(s) for which this application is made; that I have the skills and equipment needed to perform these service(s) in accordance with applicable standards; and if this application is to include weighing, I will not knowingly weigh on scales that I believe to be incorrect; and that the statements made in this application are true to the best of my knowledge. Further, as a condition to granting this license, I agree to comply with the terms of the United States Warehouse Act and its regulations."

A. Applicant's Signature	B. Date (MM-DD-YYYY)
C. Print Name Clearly and Distinctly for Issuance of License	

15. WAREHOUSE OPERATOR'S CERTIFICATION
I certify that "The applicant is acceptable to perform the service(s) for which applied for at the warehouse operated by the undersigned and specified on this form."

A. Name of Warehouse Operator (Legal Entity)			
B. Warehouse Operator's Signature	C. Title	D. Date (MM-DD-YYYY)	

16. RECOMMENDATION OF U.S. WAREHOUSE EXAMINER IF APPLICABLE

A. I, attest that "I have determined that the applicant is qualified not qualified, and I recommend do not recommend issuance of the license applied for."

B. Examiner's Signature	C. Date (MM-DD-YYYY)
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17. DETERMINATION OF WAREHOUSE LICENSE AND EXAMINATION DIVISION (Kansas City Commodity Office)

A. I, attest that a telephone and/or written investigation of the applicant has been conducted by me and I recommend the following:
 Applicant Approved Applicant Not Approved

B. Reviewer's Signature	C. Date (MM-DD-YYYY)
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NOTE: No license will be issued until approved by the Warehouse License and Examination Division (KCCO).

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 apply for individual licensing under the United States Warehouse Act to inspect, weigh, classify as to condition, grade, and class, and or sample agricultural products within the authority. 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 15 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.**

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