**This form is available electronically.** Form Approved – OMB No. 0560-0120

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| **WA-82** **U.S. DEPARTMENT OF AGRICULTURE**(10-31-11) Farm Service AgencyUnited States Warehouse Act**WAREHOUSE OPERATOR’S IRREVOCABLE LETTER OF CREDIT*****(See Page 2 for the Privacy Act and Paperwork Reduction Act Statements)*** | **1. FOR FSA USE ONLY** |
|  | A. License Number       | B. Initials       |
|  | C. ILC Number       |
| **See Instructions before completion of Items 2(a) through 2(l) of this form.** |
| 2. The undersigned: *(a)* |       |
|  | *(Name of Issuer) (Financial Institution)* |
|  of (address) *(b)* |       |
|  by order of our client: *(c)* |       |
|  | *(Principal, Name of Legal Entity, Warehouse Operator)* [ ]  Proprietor [ ]  Partnership [ ]  Limited Partnership [ ]  LLC [ ]  Corporation |
|  |       |
|  | *(Principal: Name of Legal Entity, Warehouse Operator)* |
|  | *(d)* |       | , at *(e)* |       | , |
|  |  | *(State of Incorporation or Where Organized)* |  | *(Principal Place of Business (City))* |  |
|  | *(f)* |       | , operating the following warehouse(s) for the storage of: |
|  |  | *(Principal Place of Business (State))* |  |
|  | *(g)* |       |
|  |  | *(Agricultural Product(s))* |
|  | hereby open our unconditional, assignable, irrevocable Letter of Credit number *(h)* |       |
|  | in favor of the United States Department of Agriculture, Farm Service Agency, as Beneficiary, for an amount not to exceed the |
|  | aggregate sum of: *(i)* $ |      | *(j)* |       | Dollars |
|  | effective on the *(k)* |       | day of *(l)* |       | for an indefinite period but not less  |
|  |  | *(Day)* |  | *(Month and Year)* |  |
|  | than two years. The issuing institution is a commercial bank in good standing with deposits insured by the Federal Deposit |
|  | Insurance Corporation or an institution in good standing regulated by the Farm Credit Administration. |
| 3. The conditions of these obligations are such that, The Principal is either operating warehouse(s) licensed, or for which application has been made, under the United States  Warehouse Act (the Act), identified as: |
| ***(a)*****License No.** |  | ***(b)*****Name of Warehouse** |  | ***(c)*****City** |  | ***(d)*****County** |  | ***(e)*****State** |
|       |  |       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |  |       |
|  |
| **For in excess of 5 warehouses, please attach an 8 1/2 x 11 inch sheet listing the warehouses in the manner of the above followed by a**  |
| **statement "This listing is an integral part of the irrevocable letter of credit number** |       | **executed effective** |
|       | **.” This statement must be signed by both the Principal and Issuing Institution.** |
| 4. Now, therefore, the funds under this Letter of Credit are available against sight drafts by the Beneficiary. |
| 5. Each such draft shall be accompanied by a certificate that the Principal has failed to comply with the terms and conditions of  the Act, the regulations, or licensing agreements issued thereunder. Upon receipt of the sight drafts and certificate at: |
|  |       |
|  | *(Address of Issuer)* |
|  | on or before the expiration date of this Letter of Credit, the Issuer will promptly honor the drafts. |

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| 6. | Provided, however, that this Letter of Credit may be terminated after a period of two years from the effective date by the Issuer,giving written notice by certified mail to the beneficiary of their intent to terminate this Letter of Credit and all liability thereunder. This notice will be effective 120 calendar days after the date the Beneficiary receives such notice, except the right of the Beneficiary shall not be affected by such notice as to any claims rising hereunder before the effective date of such terminationnotice. The liability under this Letter of Credit to the Beneficiary will extend for one year or until all claims against the Letter ofCredit filed in the one year period, have been settled, whichever is later. |
| 7. | **Executed this** |       | . |
|  |  | *(Date (MM-DD-YYYY))* |  |
|  |  |  |  |
| **8. Issuer** |
|  | Financial Institution: *(a)* |       |  |
|  |  |  |
|  | By: *(b)* |       |  |
|  |  |  |  |
|  | Title: *(c)* |       |  |
|  |  |  |  |
|  | **FDIC Certificate Number:** |       |  |
|  |  |  |  |
|  | **FCA Institution Number:** |       |  |
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| 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 complete the terms of a license and/or licensing agreement between the warehouse operator and the Deputy Administrator for Commodity Operations under the United States Warehouse Act.  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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