This form is available e	electronically.					Form Appr	oved – OMB No. 0560-0120
-			1. Name and	Location of Warehous	State) 2.	License and Code No.	
WAREHOUSE AND EXAM OF OE							
CFR Part 1423, 7 CFR document the warehou agencies, Tribal agenci System of Records Not requested information v	Part 1427, the United See operator's statement ies, and nongovernmentice for USDA/FSA-2, Fawill result in a determination	States Warehouse Act (Pub. L. and examiner's comparison of tal entities that have been auth arm Records File (Automated) tion of ineligibility to obtain ne	106-472), and the of obligated stocks. norized access to the and USDA/FSA-3, we licensing or retain	Commodity Credit Corporation The information collected on to the information by statute or reg Consultants File. Providing the existing licensing under the U	Charter Act (15 his form may be ulation and/or a e requested info Inited States W	5 U.S.C. 714 et se e disclosed to othe as described in app ormation is volunta arehouse Act.	d on this form is 7 CFR Part 735, 7 q.). The information will be used to r Federal, State, Local government licable Routine Uses identified in the ry. However, failure to furnish the
control number. The variety response, including the The provisions of appro	alid OMB control numbe time for reviewing instr opriate criminal and civil	or for this information collection uctions, searching existing data fraud, privacy, and other statu	n is 0560-0120. The ta sources, gatherin utes may be applica	e time required to complete this og and maintaining the data ne oble to the information provided	information co eded, and comp B. RETURN TH	illection is estimate oleting and reviewi	n unless it displays a valid OMB of to average 30 minutes per ng the collection of information.
	-			P.O. BOX 419205, KANSAS			N HAND
A.	B.	SINCE LAST EXAMI		A. O	B.	C.	
Beginning Number	Ending Num	_	Issued Beginning Number Ending Nur			Number on Hand	
	D.	TOTAL:				D. TOTAL	_:
5. Bonds Covering Los	101):						
6. Electronic Storage C	Obligations and S	itocks on Hand:					
		A.					Receipts
		Type (Electronic)				Outote	B.
(1) Multiple Form Receip	nts	(Electroffic)				Ouisia	anding This Posted Date
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
(2) Units							
(3) Single Form Receipts	s and Units						
				(2	l) Total Uni	ts:	
7. Paper Storage Oblig	ations and Stock	s on Hand:					
A		В.		C.	eipts 	D.	E.
Type (Paper)		Outstanding Posted D		Issued Since Last Cut-Off		d Since Last ed Date	Outstanding This Posted Date
(1) Multiple Form Receip	ots						
(2) Units							
(3) Single Form Receipts	s and Units						
(4) Total Units							
				F. No	n- Receipte	ed Obligations	
G. Net Total U	nits (Item 6(4) B.	Item 7(4) E and F: Re	epresented by	Receipted and Non-Re	eceipted at t	time of cut-off:	,
		ne provider's records?	YES		•	-101 or WA-1.	
Do you have any type		th a Field Warehouse		YES NO	1010 071 177 1		
9. If "YES", has this be				D", furnish copy to exar	miner).		
of applicable laws for know Warehouse Operator's Sta Operator to deliver any agi	ving false represent tement is, to the best ricultural product to tative of the U.S. D	tations and similar offen st of my knowledge and o any person as of the do epartment of Agriculture	ses (e.g., 15 U.S belief, a true, c ate and hour sh e in connection	S.C. 714m and 18 U.S.C. orrect and complete state own above, other than as with which this statemer	1001) that the the second the sec	he information nat I have no of n this statement nd and the info	bligations as a Warehouse . I understand that the mation contained herein does
10A. Signature of Wareh	nouse	10B. Title	any Agreemen	10C. Date (MM-DD-			f Warehouse Examiner
Operator or Authori						Witness	sing Signature

C. Unit Check D. E. Statistical 12. Stock Variances (List on WA-101 or WA-125): 13. Comparison of Warehouse Operator's storage obligations and insurance in effect. Do not complete Items 13E and 13F where cotton storage covered by 100%, no-limit reporting form policy. NVENTORY UNITS A. B. C. D. E. F. Stocks Insured Not Insured Total Value of Insured Stock Insurance in Effect (1) Covered by receipts (2) Not covered by receipts TOTALS: 14. Stocks not covered by insurance reported below belonging to: A. CCC: B. Others:									
A. Total Stocks on Hand: C. D. E. F. All Other 12. Stock Variances (List on WA-101 or WA-125): 13. Comparison of Warehouse Operator's storage obligations and insurance in effect. Do not complete Items 13E and 13F where cotton storage covered by 100%, no-limit reporting form policy. 15. Stocks Insured Not Insured Total Value of Insured Stock Insurance in Effect (1) Covered by receipts 16. Not covered by receipts 17. Stocks not covered by insurance reported below belonging to: 18. A. CCC: B. Others: 19. C. D. E. F. F. Total Value of Insured Stock Insurance in Effect (2) Not covered by receipts 19. Covered by receipts 19. Others: 19. C. B. Others: 19. C. Amount of Insurance Amount of Insurance Expiration Date D. E.	11. Examiner's comparison	of Warehouse Operator	r's obligatio	ns and inventoried s	tocks:				
C. Unit Check	A. Total Stocks on Hand:								
Unit Check									
12. Stock Variances (List on WA-101 or WA-125): 13. Comparison of Warehouse Operator's storage obligations and insurance in effect. Do not complete Items 13E and 13F where cotton storage covered by 100%, no-limit reporting form policy. NVENTORY UNITS									
13. Comparison of Warehouse Operator's storage obligations and insurance in effect. Do not complete Items 13E and 13F where cotton storage covered by 100%, no-limit reporting form policy.	Unit Check		Count		Statistical		All Other		
13. Comparison of Warehouse Operator's storage obligations and insurance in effect. Do not complete Items 13E and 13F where cotton storage covered by 100%, no-limit reporting form policy.									
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13. Comparison of Warehouse Operator's storage obligations and insurance in effect. Do not complete Items 13E and 13F where cotton storage covered by 100%, no-limit reporting form policy.									
A. B. Insurance in Effect TOTALS: 15A. If reporting form insurance is carried, when was last report submitted? 15A. If seporting form insurance policies in effect which cover stocks: A. B. Others: 15A. If reporting form insurance policies in effect which cover stocks: A. B. Others: D. E. F. Value of Insured Stock Insurance in Effect Value of Insured Stock Insurance in Effect Insurance in Effect Insurance company C. Amount of Insurance Expiration Date D. E. Amount of Insurance E. Amount of Insurance D. E. Amount of Insurance D. E. Amount of Insurance D. E. E. C. Expiration Date D. C. Expiration Date D. D.	2. Stock Variances (List on	WA-101 or WA-125):		·		•			
Stocks B. C. D. E. F. F.				and insurance in eff	ect. Do n	ot complete Items	13E and	13F where cotton stoc	
A. Stocks Insured Not Insured Total D. Total Value of Insured Stock Insurance in Effect (1) Covered by receipts (2) Not covered by receipts TOTALS: 14. Stocks not covered by insurance reported below belonging to: A. CCC: B. Others: 15B. Did report to insurance company correspond with warehouse records? YES NO 16. Insurance policies in effect which cover stocks: A. B. C. Amount of Insurance Expiration Date D. E. F. Hothers: F. Hothers:	are covered by 100%, no	o-limit reporting form p	oolicy.						
Stocks Insured Not Insured Total Value of Insured Stock Insurance in Effect (1) Covered by receipts (2) Not covered by receipts TOTALS: 14. Stocks not covered by insurance reported below belonging to: A. CCC: B. Others: 15A. If reporting form insurance is carried, when was last report submitted? 15B. Did report to insurance company correspond with warehouse records? TYES NO 16. Insurance policies in effect which cover stocks: A. B. C. Amount of Insurance Expiration Date D. E.	Δ							F	
(2) Not covered by receipts TOTALS: 14. Stocks not covered by insurance reported below belonging to: A. CCC: B. Others: 15A. If reporting form insurance is carried, when was last report submitted? 15B. Did report to insurance company correspond with warehouse records? YES NO 16. Insurance policies in effect which cover stocks: A. B. C. Amount of Insurance Expiration Date D. E.						I		F. Insurance in Effect	
TOTALS: 14. Stocks not covered by insurance reported below belonging to: A. CCC: B. Others: 15A. If reporting form insurance is carried, when was last report submitted? 15B. Did report to insurance company correspond with warehouse records? YES NO 16. Insurance policies in effect which cover stocks: A. B. C. Amount of Insurance Expiration Date D. Expiration Date D. E.	1) Covered by receipts								
14. Stocks not covered by insurance reported below belonging to: A. CCC: B. Others: 15A. If reporting form insurance is carried, when was last report submitted? 15B. Did report to insurance company correspond with warehouse records? YES NO 16. Insurance policies in effect which cover stocks: A. B. C. Amount of Insurance Expiration Date D. Expiration Date D. E.	2) Not covered by receipts								
A. CCC: B. Others: 15A. If reporting form insurance is carried, when was last report submitted? 15B. Did report to insurance company correspond with warehouse records? YES NO 16. Insurance policies in effect which cover stocks: A. B. B. C. Amount of Insurance									
15A. If reporting form insurance is carried, when was last report submitted? 15B. Did report to insurance company correspond with warehouse records? YES NO 16. Insurance policies in effect which cover stocks: A.	4. Stocks not covered by in	surance reported belo	w belonging	j to:					
when was last report submitted? correspond with warehouse records? YES NO	A. CCC: —		B. Oth	ers:					
16. Insurance policies in effect which cover stocks: A. B. C. Amount of Insurance Expiration Date D. E.									
A. B. C. Amount of Insurance Policy Number Insurance Company Expiration Date D. E.				ES NO					
A. B. Expiration Date D. E.	16. Insurance policies in effe	ect which cover stocks	s:			ļ			
Policy Number Insurance Company Expiration Date D. E.	A B		C.			Amount of In		rance	
\$					\$		\$		
\$ \$					\$		\$		
\$ \$					\$		\$		
17. Number of Bales 18. Value Per Bale 19. Total Value	17. Number of Bales		18. Value Per Bale			19. Total Value			
s						\$			
20A. Signature of Examiner 20B. Date (MM-DD-YYYY)	20A. Signature of Examiner					1	20B.	Date (MM-DD-YYYY)	

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