

This form is available electronically

<b>WA-237</b> (10-03-11)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency	<b>1. Mail or Fax to:</b>  <b>Chief</b> <b>Licensing Branch</b> <b>P.O. Box 419205</b> <b>Stop 9148</b> <b>Kansas City, Missouri 64141-6205</b> <b>FAX: (816) 926-1548</b>
<b>ORDER FOR PRINTING U.S. WAREHOUSE RECEIPT FORMS</b>		

<b>2. FOR FSA ONLY</b>		<b>3. Order No.</b>
<b>A. Vendor name</b>	<b>B. Contact Information</b>	

<b>4. License No.</b>	<b>5. Print:</b> <input type="checkbox"/> Receipt Number <input type="checkbox"/> CCC Warehouse Code Number: _____ <input type="checkbox"/> Control Number: _____
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<b>6. Name of Warehouse</b>	<b>7. Location of Warehouse</b>
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**8. Name of Warehouse Operator (Legal Entity)**

**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): \_\_\_\_\_

<b>15. Kind of Receipt: (Check One)</b> <input type="checkbox"/> Bearer <input type="checkbox"/> Order <input type="checkbox"/> Non-Negotiable	<b>16. Insurance Statement: (Check One)</b> <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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**17. 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 Weigher    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: \_\_\_\_\_

<b>20. SHIP TO: (Specify exact Name and Address, Including Zip Code to which receipts are to be shipped.)</b>   SHIP BY: <i>(Method)</i>	<b>21. Remarks:</b>
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<b>22. FOR USDA USE ONLY</b>		<b>23. When this order is filled please have contract printer send statement of charges. A check will be promptly forwarded.</b>
<b>A. Approved By</b> _____ <i>(For U.S. Department of Agriculture)</i>	<b>A. Name</b> _____ <i>(Licensed Warehouse Operator)</i>	
<b>B. Date Approved</b> _____ <i>(MM-DD-YYYY)</i>	<b>B. Signed</b> _____	
<b>C. Date Approved</b> _____ <i>(MM-DD-YYYY)</i>	<b>C. Date Signed</b> _____ <i>(MM-DD-YYYY)</i>	

**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 by the warehouse operator to order negotiable or nonnegotiable receipt forms from the Kansas City Commodity Office. 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 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.*

*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 AT THE APPROPRIATE ADDRESS AT THE TOP OF THIS FORM.***

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*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.*