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(See Page 2 for Privacy Act and Paperwork Reduction Act Statements.)

WA-302 (10-03-11)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency				1. Check One: Original <input type="checkbox"/> Amendment <input type="checkbox"/> Subsequent <input type="checkbox"/>	
EXAMINATION REPORT							
2. Code No.	3. License No.	4. Amendment No.	5. Date of License (MM-DD-YYYY)	6. Capacity	7. Type of Agreement		
8. Name of Warehouse Operator (Legal Entity)			12. Mailing Address of Headquarters Office (Including Zip Code) (Include Street Address for Express Delivery)			CHECK	
9. Name of Warehouse			13. Location of Warehouse (City, County, Parish and State)				
10. Mailing Address of Warehouse (Including Zip Code)			14A. Telephone Number (Area Code)	14B. Fax No.(Area Code)			
11. Principal Place of Business			14C. E-Mail Address (If Applicable)				
15A. Individual in Charge (Home Address (Including Zip Code)) Telephone Number (Area Code):							
16. Type of Business Entity: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/>							
17. CORPORATION (Original Examination Only)							
A. Charter Expires (Date) (MM-DD-YYYY)		B. Foreign Corporation Permit Issued By State of:		Permit Expires (Date) (MM-DD-YYYY)			
D. Authorized Titles for Signatures				E. Authorized By: By Laws <input type="checkbox"/> Resolution <input type="checkbox"/>			
18. CORPORATE OFFICERS							
A. President		B. Vice President		C. Vice President			
D. Vice President		E. Treasurer		F. Secretary			
19. PARTERSHIP (List names below if not shown above)				A. Type of Partnership (General, limited, etc.)			
B.		C.		D.			
E.		F.		G.			
20. LIMITED LIABILITY COMPANY							
A. Operating Agreement <input type="checkbox"/>				B. Articles of Organization <input type="checkbox"/>			
C. Authorized Titles for Signatures (If applicable)				D. Authorized By Operating Agreement <input type="checkbox"/> Articles of Organization <input type="checkbox"/>			
21. INDIVIDUAL							
A. Name			B. Home Address (Including Zip Code)				
			Telephone Number (Area Code):				

22. Names of individuals authorized to sign warehouse receipt (<i>Federally licensed houses only</i>)				CHECK
A.	B.	C.		
D.	E.	F.		
23. Outstanding licenses issued to inspectors and weighers (<i>Federally licensed houses only</i>):				
A. Name of Licensee	B. Service Performed	C. License Number	D. Where Posted	
24. Is all storage space covered by this report included or to be included under license? If "NO" , explain on Form WA-101. <p style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>				
25. Is warehouse open at least 6 hours each business day? If "NO" , explain on Form WA-101, the provisions made to receive, deliver, and settle on agricultural products? <p style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>				
26. Name of Electronic Warehouse Receipt Provider (<i>If applicable</i>).				
27. Does Warehouse Operator have any type of agreement with a field warehouse company? If "YES" , has this been cleared with USDA? If "NO" , furnish a copy to Examiner/KCCO. <p style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>				
28A. Signature of Examiner			28B. Date (MM-DD-YYYY)	
<p>Note: <i>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 determine whether licensee has required facilities and is operating in accordance with the United States Warehouse Act, regulations, or contractual requirements. 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.</i></p> <p><i>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.</i></p> <p>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.</p>				

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