

U.S. DEPARTMENT OF AGRICULTURE
 AGRICULTURAL MARKETING SERVICE
 COTTON PROGRAMS

This application is authorized by law, 7 U.S.C. 51 et. seq. (U.S. Cotton Standards Act) and U.S.C. 473 c et. seq. (Smith-Doxey Act) and the regulations issued thereunder (7 CFR Part 28). Furnishing the information is voluntary and no penalty will be imposed for failure to respond; however, this information is necessary if we are to issue the license.

**APPLICATION FOR LICENSE
 TO SAMPLE COTTON
 UNDER THE
 UNITED STATES
 COTTON STANDARDS 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 0581-0008. The time required to complete this information collection is estimated to average 5 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.

INSTRUCTIONS: Answer all questions and send one completed application to the address shown at the bottom of the page. A company operating more than one warehouse or gin may submit one application for all warehouses or gins. However, the name, location, and mailing address of each warehouse or gin to be licensed should be listed on Page 2. A separate license will be issued for each warehouse or gin.

1. NAME IN WHICH BUSINESS IS CONDUCTED (<i>Print or type</i>):	2. TYPE OF BUSINESS FOR WHICH APPLICATION IS BEING MADE (<i>Mark an "X" in appropriate block</i>): <input type="checkbox"/> COTTON GIN <input type="checkbox"/> COTTON WAREHOUSE
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3. LOCATION OF BUSINESS (<i>Street and number, City State, and Zip Code</i>):	
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4. MAILING ADDRESS (<i>Street or P.O. Box Number, City, State, and ZIP Code</i>): Enter your E-Mail address here:	5. NUMBER OF WAREHOUSES OR GINS OPERATED:
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6. BUSINESS IS (<i>Mark an "X" in appropriate block</i>): <input type="checkbox"/> OWNED BY ONE PERSON <input type="checkbox"/> A PARTNERSHIP <input type="checkbox"/> A CORPORATION <input type="checkbox"/> AN ASSOCIATION	7. IF THIS APPLICATION IS FOR A WAREHOUSE, IS COTTON STORED FOR THE PUBLIC (<i>Mark an "X" in appropriate block</i>): <input type="checkbox"/> YES <input type="checkbox"/> NO
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CERTIFICATION STATEMENT: The undersigned, as a condition to the granting of the license, agrees to comply with and abide by the terms of the United States Cotton Standards Act and Regulations. The statements made in the foregoing application are hereby certified to be true to the best of the knowledge and belief of the undersigned.

NOTE: Application must be signed by the owner or a responsible official of the **warehouse or gin**.
 If submitted electronically, type your name in the signature block.

SIGNATURE	TITLE	DATE
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SUBMIT ELECTRONICALLY OR MAIL TO: Abilene Classing Office, 24 Windmill Circle, Abilene, TX 79606	FOR USE BY COTTON PROGRAMS ONLY
	DATE LICENSE ISSUED <hr/> LICENSE NUMBER

**APPLICATION FOR LICENSE TO SAMPLE COTTON
UNDER THE UNITED STATES COTTON STANDARDS ACT**

INSTRUCTIONS: This page should be used to provide additional names, locations and mailing addresses of warehouses or gins to be licensed.

NAME IN WHICH BUSINESS IS CONDUCTED	NAME OF OWNER OR RESPONSIBLE OFFICIAL
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NAME, LOCATION, AND MAILING ADDRESS (If Different) OF ADDITIONAL WAREHOUSES OR GINS (Street or P.O. Box Number, City, State, and Zip Code)

NAME IN WHICH BUSINESS IS CONDUCTED	NAME OF OWNER OR RESPONSIBLE OFFICIAL
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NAME, LOCATION, AND MAILING ADDRESS (If Different) OF ADDITIONAL WAREHOUSES OR GINS (Street or P.O. Box Number, City, State, and Zip Code)

NAME IN WHICH BUSINESS IS CONDUCTED	NAME OF OWNER OR RESPONSIBLE OFFICIAL
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NAME, LOCATION, AND MAILING ADDRESS (If Different) OF ADDITIONAL WAREHOUSES OR GINS (Street or P.O. Box Number, City, State, and Zip Code)

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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- 1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- 2) fax: (202) 690-7442; or
- 3) email: program.intake@usda.gov.

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