## Instructions to Complete Weigher's Acknowledgement and Agreement For Weighing Livestock Form P&SP-4000

Mail the completed form to the appropriate regional office of the Packers and Stockyards Program as listed below. The states covered by each regional office are listed below its address.

Regional Offices of the Packers and Stockyards Program Grain Inspection, Packers and Stockyards Administration			
Eastern Regional Office	Western Regional Office	Midwestern Regional Office	
Suite 230	3950 Lewiston St., Suite 200	Room 317	
75 Spring Street	Aurora, CO 80011-1556	210 Walnut Street	
Atlanta, GA 30303-3308	Telephone: (303) 375-4240	Des Moines, IA 50309-2110	
Telephone: (404) 562-5840	FAX: (303) 371-4609	Telephone: (515) 323-2579	
FAX: (404) 562-5848	e-mail:	FAX: (515) 323-2590	
e-mail:	PSPDenverCO.GIPSA@usda.gov	e-mail:	
PSPAtlantaGA.GIPSA@usda.gov		PSPDesMoinesIA.GIPSA@usda.gov	
States Covered	States Covered	States Covered	
AL, AR, CT, DC, DE, FL, GA, LA,	AK, AZ, CA, CO, HI, ID, KS, MT,	IA, IL, IN, KY, OH, MI, MO, MN,	
MA, MD, ME, MS, NC, NH, NJ, NY,	NM, NV, OK, OR, TX, UT, WA,	ND, NE, SD, WI	
PA, RI, SC, TN, VA, VT, WV	WY		

If you have any questions regarding this form, please contact the appropriate regional office of the Packers and Stockyards Program listed above.

Line No.	Subject	Instruction	
1	Name	Enter name of person signing Weigher's Acknowledgement and	
		Agreement.	
2	Employer	Enter name of company weigher is employed by.	
3	City	Enter city where weigher will be weighing livestock.	
4	State	Enter state where weigher will be weighing livestock.	
5	Weigher Signature	The weigher must sign the form in front of a witness.	
6	Witness Signature	A witness must sign the form after witnessing the weigher's signature.	
7	Date	Enter the date that Weigher's Acknowledgement and Agreement was	
		signed and witnessed.	

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OMB Control No. 0580-0015 Expires: xx/xx/20xx

U.S. DEPARTMENT OF AGRICULTURE GRAIN INSPECTION, PACKERS AND STOCKYARDS ADMINISTRATION PACKERS AND STOCKYARDS PROGRAM

## WEIGHER'S ACKNOWLEDGEMENT AND AGREEMENT FOR WEIGHING LIVESTOCK

I,			
	1) Weigher's Name		
employed by			
(2	(2) Weigher's Company Name		
at	, as a weigher		
at(3) City	,, as a weigher (4) State		
of livestock, have read and received the Instruc	ctions for Weighing Livestock issued under the		
authority of the Packers and Stockyards Act, 1	921, as amended and supplemented. I agree to		
fully comply with the Instructions. I am aware	e that it is an offense against the United States to		
willfully make any false entry of weight or oth	er information on a scale ticket or other record		
kept by my employer.			
(5) SIGNATURE OF WEIGHER:			
(6) SIGNATURE OF WITNESS:	(7) DATE:		

The employer of the weigher must:

Send one copy of the agreement to the Regional Office of the Packers and Stockyards Program, Grain Inspection, Packers and Stockyards Administration, USDA.

Retain one copy for the weigher named on this agreement.

Response is required to acknowledge receipt of Instructions for Weighing Livestock and to show that weigher has read and agrees to follow the instructions (9 CFR 201.73-1). Information held confidential (9 CFR 201.96).

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 0580-0015. The time required to complete this information collection is estimated to average 14 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.

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