

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

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.

U.S. DEPARTMENT OF AGRICULTURE GRAIN INSPECTION, PACKERS AND STOCKYARDS ADMINISTRATION PACKERS AND STOCKYARDS PROGRAM	WEIGHER'S ACKNOWLEDGEMENT AND AGREEMENT FOR WEIGHING LIVESTOCK
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I, _____,
 (1) Weigher's Name

employed by _____,
 (2) Weigher's Company Name

at _____, _____, as a weigher
 (3) City (4) State

of livestock, have read and received the Instructions for Weighing Livestock issued under the authority of the Packers and Stockyards Act, 1921, as amended and supplemented. I agree to fully comply with the Instructions. I am aware that it is an offense against the United States to willfully make any false entry of weight or other 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).

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