This form is available e	electronically.		Form Approved – OMB No. 0560-0120									
WA-225 U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency			1. Name and	Location of Warehous	State) 2.	License and Code No.						
WAREHOUSE OPERATOR'S STATEMENT AND EXAMINER'S COMPARISON OF OBLIGATED STOCKS												
CFR Part 1423, 7 CFR document the warehou agencies, Tribal agenci System of Records Not requested information v	Part 1427, the United See operator's statement ies, and nongovernmentice for USDA/FSA-2, Fawill result in a determination	States Warehouse Act (Pub. L. and examiner's comparison of tal entities that have been auth arm Records File (Automated) tion of ineligibility to obtain ne	106-472), and the of obligated stocks. norized access to the and USDA/FSA-3, we licensing or retain	Commodity Credit Corporation The information collected on to the information by statute or reg Consultants File. Providing the existing licensing under the U	Charter Act (15 his form may be ulation and/or a e requested info Inited States W	5 U.S.C. 714 et se e disclosed to othe as described in app ormation is volunta arehouse Act.	d on this form is 7 CFR Part 735, 7 q.). The information will be used to r Federal, State, Local government licable Routine Uses identified in the ry. However, failure to furnish the					
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. 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. 3. PAPER/CARD RECEIPTS ISSUED SINCE LAST EXAMINATION 4. UNISSUED RECEIPTS ON HAND												
A. B. C				A. O	B.	C.						
Beginning Number			Issued	Beginning Number	Endin	ng Number	Number on Hand					
	D.	TOTAL:			_:							
5. Bonds Covering Los	st or Destroyed R	eceipts (List on WA-	101):									
6. Electronic Storage C	Obligations and S	itocks on Hand:										
		A.					Receipts					
		Type (Electronic)			B.							
(1) Multiple Form Receip	nts	(Electroffic)				Ouisia	anding This Posted Date					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
(2) Units												
(3) Single Form Receipts	s and Units											
				(2	l) Total Uni	ts:						
7. Paper Storage Oblig	ations and Stock	s on Hand:										
A		В.	Receipts C. D. E.									
Type (Paper)		Outstanding Posted D		Issued Since Last Cancelled		d Since Last ed Date	Outstanding This Posted Date					
(1) Multiple Form Receip	ots											
(2) Units												
(3) Single Form Receipts	s and Units											
(4) Total Units												
	F. Non- Receipted Obligations:											
G. Net Total U	nits (Item 6(4) B.	Item 7(4) E and F: Re	epresented by	Receipted and Non-Re	eceipted at t	time of cut-off:	,					
		ne provider's records?	YES		•	-101 or WA-1.						
Do you have any type		th a Field Warehouse		YES NO	1010 071 177 1							
9. If "YES", has this be				D", furnish copy to exar	miner).							
WAREHOUSE OPERATOR'S CERTIFICATION: I hereby certify to the U.S. Department of Agriculture and the Commodity Credit Corporation, subject to penalties of applicable laws for knowing false representations and similar offenses (e.g., 15 U.S.C. 714m and 18 U.S.C. 1001) that the information contained in the above Warehouse Operator's Statement is, to the best of my knowledge and belief, a true, correct and complete statement, and that I have no obligations as a Warehouse Operator to deliver any agricultural product to any person as of the date and hour shown above, other than as indicated in this statement. I understand that the examination by a representative of the U.S. Department of Agriculture in connection with which this statement is furnished and the information contained herein does not relieve me of any responsibilities under the U.S. Warehouse Act of any Agreement I have entered into with the Commodity Credit Corporation.												
10A. Signature of Wareh	nouse	10B. Title	any Agreemen	10C. Date (MM-DD-			f Warehouse Examiner					
Operator or Authori						Witness	sing Signature					

117 (12 00 11) 1 ago	_								
11. Examiner's comparis	on of Warehouse Ope	erator's obligat	tions and	inventoried st	ocks:				
A. Total Stocks on Hand:		B. Cut-Off Date:			Unit Check Count C				
						Statistical			
C.		D.			E.			F.	
Unit Check		Count		Statistical				All Other	
12. Stock Variances (List	on WA-101 or WA-125	;):				·			
			ns and ins	urance in effe	ct. Do n	ot complete Items	s 13E and	13F where cotton stocks	
are covered by 100%	, no-limit reporting fo	rm policy.							
A.	В.	INVENTOR							
Stocks	Insured	C. Not Insi	ured	D. Total		E. Value of Insured Stoc		F. Insurance in Effect	
(1) Covered by receipts									
(2) Not covered by receipts	3								
TOTAL	S:								
14. Stocks not covered b	y insurance reported	below belongi	ng to:				'		
A. CCC:		В. С	Others: -						
15A. If reporting form insu when was last report	15B. Did report to insurance company correspond with warehouse records				15C. If "NO", explain:				
		☐ YES		YES NO					
16. Insurance policies in	effect which cover st	ocks:				!			
A.	C.			Amount of I		nsurance			
Policy Number	B. Insurance Com	pany	ny Expiration (MM-DD-Y			D. Fire		E. Extended Coverage	
					\$		\$		
					\$		\$		
					\$		\$		
17. Number of Bales		18. Value Per Bale			!	19. Total Value			
	\$				\$				
20A. Signature of Examine	er					1	20B.	Date (MM-DD-YYYY)	

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