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WA-303
(07-31-18)**U.S. DEPARTMENT OF AGRICULTURE**
Agricultural Marketing Service

1. Code No.

2. License No.

3. Amendment No.

**ORIGINAL AND/OR AMENDMENT
EXAMINATION REPORT**

4. THIS REPORT APPLIES TO:		A. Section	B. Location (City, County, Parish and State)										
5. Applicant is:		A. Owner <input type="checkbox"/> or Lessee of Land <input type="checkbox"/>				B. Owner <input type="checkbox"/> or Lessee of Warehouse <input type="checkbox"/>				6. Railroad Serving the Section			
7. IF OWNER OF LAND, GIVE RECORDING OR TAX INFORMATION		A. Volume		B. Page		C. County		D. State					
8. If Lessee of Land or Warehouse, give the following information (Note: Obtain a copy of all leases).													
A. Lessor:		B. Expiration Date (MM-DD-YYYY):											
9. Construction													
A. Upright Warehouse Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/>			B. Flat Warehouse Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/>			C. Detached or Tanks Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/>							
10. Additional descriptive comments:													
11. Handling Equipment													
A. Type	B. No.	C. Cap. Per Hour Bu. <input type="checkbox"/> Cwt. <input type="checkbox"/>	D. Receiving (*)			E. Shipping (*)			F. Turning (*)	G. Scales (*)	H. Capacity	I. Upload (*)	J. Loadout (*)
			Rail	Truck	Water	Rail	Truck	Water					
LEG(S)								Truck					
LEG(S)								Truck					
LEG(S)								Hopper					
LEG(S)								Hopper					
Conveyor								Track					
Dryer(s)													
Cleaner(s)													
* If none, state where weighed.													
12. Portable Equipment													
A. Type	B. Cap. Per Hour Bu. <input type="checkbox"/> Cwt. <input type="checkbox"/>	C. Handling Capability Normal Workweek						D. Track Capacity (Number of cars that can be unloaded/loaded without switch)					
				Unload Bu. <input type="checkbox"/> Cwt. <input type="checkbox"/>		Load Out Bu. <input type="checkbox"/> Cwt. <input type="checkbox"/>							
Auger		Rail Car									Car Dump	Cars	
Pneumatic Loader		Truck											
Front End Loader		Barge									Hopper Car Pit	Cars	
		Vessel									Hopper Car Spout	Cars	
13. Is storage space equipped with:													
Thermometer System: YES <input type="checkbox"/> NO <input type="checkbox"/>			Aeration: YES <input type="checkbox"/> NO <input type="checkbox"/>			Dust Collector: YES <input type="checkbox"/> NO <input type="checkbox"/>							
14A. Agricultural Products will be stored: Bulk <input type="checkbox"/> Bag <input type="checkbox"/> Other (Specify): <input type="checkbox"/> _____						14B. Are eligible agricultural products now stored in this space? YES <input type="checkbox"/> NO <input type="checkbox"/>							
15. Are agricultural products weighed by or under supervision of: Warehouse Operator <input type="checkbox"/> FGIS <input type="checkbox"/> Other Approved Agency (Name) <input type="checkbox"/> _____													
16. Are agricultural products graded by: Warehouse Operator <input type="checkbox"/> FGIS <input type="checkbox"/> FGIS Approved Agency <input type="checkbox"/> Other <input type="checkbox"/> _____													
17. Is sufficient equipment available for grading products? YES <input type="checkbox"/> NO <input type="checkbox"/> If "NO", where are products graded? _____													

18. If the entire building is not to be included under license, the building must be properly partitioned. (Describe partition and materials used to construct it if applicable):	
19. If products other than those to be included under license are to be stored or handled, name such products and comment on potential danger:	
20. Does Warehouse Operator have complete control of warehouse space? YES <input type="checkbox"/> NO <input type="checkbox"/> If "NO", comment in Item 25 "Remarks."	21. Is there any undue fire, flooding, or other hazard? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", comment in Item 25 "Remarks."
22. Are there any conditions hazardous to examiners? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", comment in Item 25 "Remarks."	23. Do you recommend issuance of a Warehouse Operator's license? YES <input type="checkbox"/> NO <input type="checkbox"/> If "NO", comment in Item 25 "Remarks."
24A. Signature of Examiner	24B. Date Signed (MM-DD-YYYY)
25. Remarks:	

NOTE: 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 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.

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 0581-0305. The time required to complete this information collection is estimated to average 15 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 WAREHOUSE AND COMMODITY MANAGEMENT DIVISION, STOP 9148, P.O. BOX 419205, KANSAS CITY, MO 64141-6205.**

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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.

