OMB APPROVED NO. 0584-0293 Expiration Date: xx/xx/20xx

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SER  DESTINATION DATA FOR DELIVERY OF			CE TYPE OF AC	TION				
DONATED FOODS			☐ NEW SHIP-TO ☐ CHANGE / UPDATE					
FNS Instruction 709-5			☐ NEW H	RECEIVI	ER	INACTIVATE		
SEE INSTRUC	TIONS ON REVERSE							
Public reporting burden for this collection of inf maintaining the data needed, and completing and unless it displays a currently valid OMB contr to: U.S. Department of Agriculture, Food and Nut	reviewing the collection of information of number. Send comments regar	ation. An agency marding this burden esti	ay not conduct or spon- imate or any other aspec	sor, and a per t of this collect	rson is not requion of information	iired to respond to, a con, including suggestions	ollection of information	
SECTION A: SHIP-TO								
1. COMPANY NAME	2. STREET ADDRESS (Number, Name)		3. CITY			STATE	5. ZIP CODE	
6. BUSINESS PARTNER ID (Existing Business Partners)			8. CONTACT NUMBERS (delivery) PRIMARY ALTERNATE PHONE:			CARE OF/DBA NAME (if applicable)	10. SDA BP ID (Map To)	
	ALTERNATE:		FAX:					
11. ADD TO HQ RECEIVER			12. REMOVE RELATIONSHIP (SDA use only)					
13. SHIP BY (Shipment may be made by unless one of the following is checked	all of traok	XPLANATION OF	NEED FOR THE RI	ESTRICTION	SHOWN			
RAIL ONLY TRUCK ONLY LIMITATIONS								
SECTION B: NEW HQ RECEIVER								
14. COMPANY NAME	15. STREET ADDRESS (Number, Name)		16. CITY		17. \$	STATE	18. ZIP CODE	
19. ADD HQ RECEIVER WBSCM USER (COMPLETE 20-22)	20. NAME (First, Last)		21. EMAIL			22. PHONE		
	23.	DELIVERY LOCA	ATIONS (if applicable)	)				
BP ID (List existing Ship-To that w	eiver)	NEW SHIP-TO						
		A	ttach a list of new Shi	p-To to this	form. (Include	Street Address, City	, State, Zip Code)	
SECTION C: TYPE OF WAREHOUS	L	24-28)						
24A. TYPE OF WAREHOUSE			25. TYPE OF PROCESSOR 26. RE			ELATIONSHIP TO NATIONAL WAREHOUSE		
STATE OWNED AND OPERATED COMMERCIAL			SINGLE PROCE	SSOR	NATIONAL WAREHOUSE RECEIVING LOCATION			
24B. IF COMMERCIAL WAREHOUSE DELIVERY ACCEPTABLE BY			NATIONAL PRO	CESSOR				
TRANSFER OF TITLE LOCAL PICKUP			OTHER					
27. TYPE(S) OF STORAGE PROVIDED			28. HANDLING OF PERISHABLE FOODS (Check one)					
DRY REFRIGERATED FREEZER			SHIPMENT ALWAYS ENTIRELY UNLOADED AND PLACED IN STORAGE					
		PART OF SHIPMENT ALWAYS OR SOMETIMES DISTRIBUTED FROM CAR OR WAREHOUSE PLATFORM						
The ab	ove information is tru	ie and correc	t to the best of	my know	ledge and	belief.		
29. DATE	30	30. SIGNATURE OF BUSINESS PARTNER REPRESENTATIVE						
	EMAIL a co	opy to WBSC	M-Ship-To@fns.ւ	ısda.gov				



## **INSTRUCTIONS**

It is important that a separate form be prepared for each destination when delivery conditions require changes in Section A: Ship-To.

In the "Type of Action" entry, check one box only indicating whether the form is to provide data for:

- A NEW SHIP-TO destination: This can be a request for a delivery location to be created or a request for a delivery location to be linked/mapped to a State Distributing Agency (SDA)
- (2) A New HQ Receiver: HQ Receivers are a physical grouping of Ship-To organizations. One HQ can have oversight of multiple Ship-To organizations.
- (3) Notification of CHANGE/UPDATE in data for an existing Ship-To. This can be a physical change to the information or to request removal of a Ship-To to SDA relationship.
- (4) INACTIVATE of a Ship-To destination
- Section A: Use to provide information for New Ship-To, Ship-To Change/Update or Ship-To Inactivation.

Section B: Use to provide information for a New HQ Receiver

Section C: Use to provide additional Ship-To information

## **ITEM**

- 1 2,3,4, and 5 are Self-explanatory.
- 6 Provide the Business Partner ID (BP ID) for Ship-To Changes/Updates and Inactivation (*i.e.* 500XXXX)
- Provide a contact email for the delivery location to be contacted for delivery questions/issues.
- 8 Provide a valid delivery contact phone number and/or fax to schedule deliveries. A contact phone number is required.
- 9 If the delivery location holds the business name of another entity and this location will receive shipments under a different name, add the name of the receiving organization and specify if it is a DBA or Care of.
- 10 If applicable, provide the SDA BP ID to have the Ship-To location mapped to the requested SDA (i.e. 400XXXX)
- 11 Check this box if the Ship-To must be added to an HQ Receiver (Processors only) found in Section B
- 12 Check this box if a Ship-To should be removed from an SDA.

13 Check one of the boxes to restrict transportation options.

For Rail Delivery - No entry is to be made unless delivery to a specific location is essential to program operations; e.g., the receiving warehouse is located on a rail siding. When an entry is necessary, the address shown shall include the specific location at which the car is to be placed for unloading. When reciprocal switching is not in effect at the point of delivery, the name of the railroad which serves this location shall be shown. For example: "Blank's Warehouse, ACL," or "Industrial siding, PPP." Where reciprocal switching is in effect at the point of delivery, no delivering carrier shall be specified. If delivery is to be made on a team track, the name of a specific team track shall not be shown unless it is essential to program requirements.

<u>For Truck Delivery</u> - Show exact street address for location at which delivery will be accepted. If same as for "Rail Delivery," enter "Same as for rail delivery."

Limitations: Show limiting conditions, if any, at the destination point; e.g., "Cannot handle care over maximum length of 53 feet."

Restrictions: It is desirable that shippers be allowed to make shipment by either rail or truck so that the means of transportation can be selected which will result in least transportation costs. Distributing agencies may restrict the method of shipment only when necessary to their program operations. If a specific mode of transportation is shown, an explanation must be made of the need for the restriction.

- 14 15, 16, 17, and 18 are Self-explanatory.
- 19 Check this box to add a WBSCM User for the HQ Receiver.
- 20 21 and 22. Provide the user's information who will access WBSCM on behalf of the HQ Receiver.
- 23 List Ship-To that will be added to the HQ Receiver.
- 24 25, 26, 27 and 28 Self-explanatory.
- 29 and 30. Receiving organization or Distributing Agency's representative will complete these sections.