

U.S. Department Of Agriculture  
Agricultural Marketing Service  
Fair Trade Practices Program  
Packers and Stockyards Division

**WEIGHERS'S ACKNOWLEDGEMENT  
AND AGREEMENT**

I, \_\_\_\_\_,  
(1) Weigher's Name

weighing for \_\_\_\_\_,  
(2) Entity Name

at \_\_\_\_\_, \_\_\_\_\_, as a weigher  
(3) City (4) State

have read and received the Instructions for Weighing (Livestock or Live Poultry and Feed), issued under the authority of the Packers and Stockyards Act, 1921, as amended and supplemented.

(5) Select the statement that applies:

- I acknowledge receipt of Instructions for Weighing Livestock and agree to follow the instructions (9 CFR 201.73-1). Information held confidential (9 CFR 201.96).
- I acknowledge receipt of Instructions for Weighing Live Poultry and Feed, and agree to follow the instructions (9 CFR 201.108-1). Information held confidential (9 CFR 201.96).

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 used by the entity.

(6) Signature of Weigher:

(7) Signature of Authorized Entity:

(8) Date:

The entity for whom the weigher is weighing must:

Send one copy of the agreement to the Regional Office of the Agricultural Marketing Service, Fair Trade Practices Program, Packers and Stockyards Division, USDA

Retain one copy for the weigher named on this agreement.

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 is 0581-0308. The time required to complete this information collection is estimated to average .24 hours 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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**Instructions to Complete  
Weigher's Acknowledgement and Agreement  
Form PSD 4000**

Submit the completed form to the appropriate regional office of the Packers and Stockyards Division as listed below.

The states covered by each regional office are listed below its address.

A copy of this form must be retained by the entity.

| <b>Regional Offices of the Packers and Stockyards Division<br/>Agricultural Marketing Service, Fair Trade Practices Program</b>  |   |  |
|--|---|--|
| <b>Atlanta Regional Office</b><br>75 Ted Turner Dr. SW, Suite 230<br>Atlanta, GA 30303-3308<br>Telephone: (404) 562-5840<br>FAX: (404) 562-5848<br>E-mail:<br><a href="mailto:PSDAtlantaGA@usda.gov">PSDAtlantaGA@usda.gov</a> | <b>Denver Regional Office</b><br>3950 Lewiston St., Suite 200<br>Aurora, CO 80011-1556<br>Telephone: (303) 375-4240<br>FAX: (303) 371-4609<br>E-mail:<br><a href="mailto:PSDDenverCO@usda.gov">PSDDenverCO@usda.gov</a> | <b>Des Moines Regional Office</b><br>210 Walnut Street, Room 317<br>Des Moines, IA 50309-2110<br>Telephone: (515) 323-2579<br>FAX: (515) 323-2590<br>E-mail:<br><a href="mailto:PSDDesMoinesIA.@usda.gov">PSDDesMoinesIA.@usda.gov</a> |
| States Covered   | States Covered  | States Covered   |
| AL, AR, CT, DC, DE, FL, GA, LA, MA, MD, ME, MS, NC, NJ, NH, NY, PA, PR, 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, MI, MN, MO, ND, NE, OH, SD, WI   |

If you have any questions about the form or completing the form, please contact the regional office of the Packers and Stockyards Division that covers your state, province, or territory, as listed above.

| Line No. | Subject              | Instruction   |
|----------|----------------------|---|
| 1        | Name                 | Enter the name of the weigher.  |
| 2        | Entity Name          | Enter the name of the entity the weigher is weighing for.   |
| 3        | City                 | Enter the city where the weigher will be weighing.  |
| 4        | State                | Enter the state where the weigher will be weighing.   |
| 5        | Select the Statement | Place a check in the box that applies to which Instructions for Weighing has been acknowledged and agreed to. |
| 6        | Weigher Signature    | The weigher must sign the form.   |
| 7        | Entity Signature     | An authorized party of the entity must sign the form.   |
| 8        | Date                 | Enter the date that Weigher's Acknowledgement and Agreement was signed.                                       |