

WA-70
(07-31-18)

U.S. DEPARTMENT OF AGRICULTURE
Agricultural Marketing Service

RECEIPT SIGNATURE AUTHORITY

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 1423, 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 allow warehouse operators licensed under the United States Warehouse Act to record the official signature of persons authorized by the warehouse operator to sign negotiable warehouse receipts. 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.**

| | |
|-------------------|----------------------|
| 1. License Number | 2. Date (MM-DD-YYYY) |
|-------------------|----------------------|

NOTE: If Warehouse operator is a corporation, this form must be signed in accordance with the corporate resolution on file.

This is to certify that the person whose signature, facsimile or electronic signature which appears in Item 4 has been duly authorized to sign warehouse receipts issued under the U.S. Warehouse Act. Type of signature authorized:

Original **Facsimile** **E-signature**

3. Name and Address of Licensed Warehouse (City and State Including Zip Code)

| | |
|---|---|
| 4A. Signature of Person Authorized to Sign Receipts | 4B. Type or Print Signature of Person Authorized to Sign Receipts |
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| | |
|--|-------|
| 5. Name of Licensed Warehouse Operator | 6. By |
|--|-------|

Instructions For WA-70

RECEIPT SIGNATURE AUTHORITY

Warehouse operators licensed under the United States Warehouse Act use this form to record the official signature of persons authorized by the warehouse operator to sign negotiable warehouse receipts.

Submit the original of the completed form in hard copy or facsimile to the Warehouse and Commodity Management Division, STOP 9148, P.O. Box 419205, Kansas City, MO 64141-6205; or FAX 844-930-0174. Customers who have established electronic access credentials with WCMD may electronically transmit this form to WCMD. Features for transmitting the form electronically are available to those customers with access credentials only. If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

Warehouse operators must complete Items 1 through 6

Items 1 through 6

| Fld Name / Item No. | Instruction |
|--|---|
| 1 License Number | Enter the United States Warehouse Act license number. |
| 2 Date | Enter today's date (<i>MM-DD-YYYY</i>). |
| Warehouse Operator Signature... | This is to certify that the person whose signature, facsimile or electronic signature which appears in Item 4 has been duly authorized to sign warehouse receipts issued under the U.S. Warehouse Act. Type of signature authorized is Original, Facsimile, or an Electronic signature. |
| 3 Name and Address of Licensed Warehouse | Enter the name of the licensed warehouse and the address. |

| | |
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| <p>4A and 4B Signature of Person Authorized to Sign Receipts</p> | <p>A. Enter the signature of the warehouse receipt signer being authorized. B. Enter the typed signature or printed signature of the warehouse receipt signer.</p> |
| <p>5 Name of Licensed Warehouse Operator</p> | <p>Enter the name of the licensed warehouse operator. Enter the warehouse operator’s full legal name and type of organization: For a proprietor, enter, for example “Susan Doe” and change “at” to “of” just before (b) For a corporation, enter, for example, “Does, Inc.”, “a BLANK corporation”, where BLANK is the name of the State of incorporation For a general partnership, enter, for example “Letitia Doe, Frank Doe, Selma Doe, and James Doe, copartners, trading as Doe Farms” then “under the laws of BLANK” where BLANK is the State under whose laws the partnership is organized. For a limited partnership, enter, for example “Doe Farms Limited Partnership under the laws of BLANK, Selma Doe, General Partner” where BLANK is the State of organization and under whose laws you operate. For a limited liability company, enter, for example “Doe Farms, L. L. C., a BLANK limited liability company” where BLANK is the name of the State under which organized)</p> |
| <p>6 By</p> | <p>Enter the signature of an authorized person who is authorized to approve this signature for the warehouse operator entity.</p> |