

This form is available electronically.

<p>WA-62 (xx-xx-xx)</p> <p style="text-align: center;">U.S. DEPARTMENT OF AGRICULTURE Agricultural Marketing Service</p> <p style="text-align: center;">BOND TO COVER LOST PAPER WAREHOUSE RECEIPTS UNDER THE UNITED STATES WAREHOUSE ACT</p>	<p>1A. Bond Number</p> <hr/> <p>1B. License Number</p>
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2. We, (a) _____ of (b) _____
(Name of the owner of the paper warehouse receipts(s)) (City, State Address Including Zip Code)

as principal, and _____

(SELECT ONE OPTION – EITHER ITEM 3 or ITEM 4)

Residents of the State in which the paper warehouse receipt was issued, each of whom own real property valued, less encumbrances and exceptions, at least at the penal sum of the bond.

<p>3. We, (a) _____ of (b) _____ <small>(Name of Individual) (City and State of Residence)</small></p>	<p>(c) _____ of (d) _____ <small>(Name of Individual) (City and State of Residence)</small></p>
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4. _____
(Name of Corporate Surety (Include City and State Address Including Zip Code))

5. As surety, are held and firmly bound unto (a) _____
(Warehouse Operator)
 (b) _____
(Warehouse Operator's City, State Address Including Zip Code)

here after referred to as the Warehouse Operator,

6. In the penal sum of (a) \$ _____ dollars (b) (\$ _____)
(Double the value of the agricultural product at the time the bond is given)

to be paid to the warehouse operator, its heirs, executors, administrators, successors, or assigns, for which payment well and truly to be made, we do bind ourselves, our heirs, executors, administrators, successors, or assigns, jointly and severally, firmly by these presents.

7. The conditions of this obligation are such that:

A. Paper warehouse receipts as follows were issued by

the warehouse operator, for agricultural products stored in the

- (1) _____
(Name of Warehouse Operator)
- (2) _____
(Name of Warehouse)
- (3) _____
(City and State Location)

(4) Paper WHR No.	(5) Issued To	(6) Date Issued	(7) Grade	(8) Ag Product	(9) Weight

For in excess of five additional lost paper warehouse receipts, please attach an 8 ½ x 11 inch sheet of paper listing the receipts followed by the statement "This listing is an integral part of bond number (10) _____ executed effective (11) _____."

B. The principal has made and filed with the warehouse operator an affidavit showing that the principal is lawfully entitled to the possession of the warehouse receipts listed and that the principal has not negotiated or assigned these warehouse receipts, that the warehouse receipts were lost or destroyed, and that a diligent effort has been made to find the warehouse receipts without success; and

C. The principal promises to deliver these warehouse receipts, if subsequently recovered, to the warehouse operator for cancellation; and

D. The principal has requested (Check one box):

(1) Delivery of the agricultural product evidenced by the paper warehouse receipt(s).

- (2) Issuance of a duplicate paper warehouse receipt in lieu of the lost or destroyed paper warehouse receipt (*bearing the same date of the original warehouse receipt and subject to the same terms and conditions and referencing the lost warehouse receipt number*).

E. Therefore, if the principal indemnifies the warehouse operator against the original warehouse receipt, including all damages, costs, charges, and expenses that may arise from the delivery of the agricultural product or the issuance of a duplicate paper warehouse receipt and delivers for cancellation the original warehouse receipt if subsequently located, then this obligation is void; otherwise, it remains in full force and effect.

F. The above bound parties have executed this agreement this:

(1) _____ Day of (2) _____ (3) _____ .
 (Day) (Month) (Year)

8. Principal (If you executed Item 2, you must complete this section):

(a) _____
 (Principal – The owner of the paper warehouse receipts)

(b) _____
 (Signature)

Witnesses: (c) _____ (d) _____
 (Name) (City, State)

(e) _____ (f) _____
 (Name) (City, State)

9. Individuals Acting As Surety (If you executed Item 3, you must complete this section.)

(a) _____ (b) _____
 (Name) (City, State)

(c) _____ (d) _____
 (Name) (City, State)

Witnesses: (e) _____ (f) _____
 (Name) (City, State)

(g) _____ (h) _____
 (Name) (City, State)

10. Corporate Surety (If you executed Item 4, you must complete this section)

(a) _____
 (Surety)

(b) _____
 (By)

(c) _____
 (Title)

Witnesses: (d) _____ (e) _____
 (Name) (City, State)

(f) _____ (g) _____
 (Name) (City, State)

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 869, 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 receipt owners with warehouse receipted deposits in warehouses licensed under the United States Warehouse Act who have lost warehouse receipts to indemnify the warehouse operator against losses to the warehouse operator as a result of reissue of duplicate warehouse receipts or delivery of the warehouse receipted agricultural product covered by the 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. 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 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 WAREHOUSE AND COMMODITY MANAGEMENT DIVISION, PO BOX 419205, STOP 9148, KANSAS CITY, MO 64141-6205.**

Instructions For WA-62

BOND TO COVER LOST PAPER WAREHOUSE RECEIPTS UNDER THE UNITED STATES WAREHOUSE ACT

Warehouse and Commodity Management Division (WCMD) must send this form to the warehouse, which uses this form for warehouse receipt owners with warehouse receipted deposits in warehouses licensed under the United States Warehouse Act who have lost warehouse receipts use this form to indemnify the warehouse operator against losses to the warehouse operator as a result of reissue of duplicate warehouse receipts or delivery of the warehouse receipted agricultural product covered by the warehouse receipts.

Submit a hard copy of the completed ORIGINAL to the Warehouse and Commodity Management Division, PO Box 419205, Stop 9148, Kansas City, MO 64141-6205, for acceptance by WCMD.

Warehouse Operators must retain a copy in their warehouse receipt book in place of the warehouse receipt that was lost.

Warehouse receipt owners complete all items except the surety items (Items 3 and 4, and Items 10 and 11.

Fld Name / Item No.	Instruction
1A Bond Number	Enter the Bond Number assigned by corporate surety <i>(if available)</i> .
1B License Number	Enter the United States Warehouse Act license number of the warehouse in which the warehouse receipted agricultural product is stored.
2(a) Name	Enter the name of the owner of the warehouse receipt(s).
2(b) Address	Enter the city, State address of the owner of the warehouse receipt(s).
Select	Select either Option 3 or Option 4 to continue.
3 Name of Individuals	If selecting Option 3, enter the name <i>(a)</i> and city, State address <i>(b)</i> of two individuals that meet the qualifications specified at the top of the box.
4 Name of Corporate Surety	If selecting Option 4, enter the name and address, city and State of the corporate surety writing this bond.
5 Name of	<i>(a)</i> Enter the name of the licensed warehouse operator. <i>(b)</i> Enter the city, State address of the warehouse operator.

Fld Name / Item No.	Instruction
Warehouse Operator	
6 Penal Sum	Enter (a) in English the penal sum of the bond (<i>according to directions under the line</i>) and (b) in Arabic numerals.
7A(1) Name	Enter the name of the licensed warehouse operator.
7A(2) Name	Enter the name of the licensed warehouse.
7A(3) City, State	Enter the city, State location of the licensed warehouse.
7A(4) Paper warehouse receipt	Enter, for each lost paper warehouse receipt, the paper warehouse receipt number.
7A(5) Issued warehouse receipt	Enter, for each lost paper warehouse receipt, the person to whom the paper warehouse receipt was issued.
7A(6) Date Issued	Enter, for each lost paper warehouse receipt, the date the paper warehouse receipt was issued.
7A(7) Grade	Enter, for each lost paper warehouse receipt, the grade of the agricultural product on the paper warehouse receipt issued.
7A(8) Ag Product	Enter, for each lost paper warehouse receipt, the agricultural product for which the paper warehouse receipt was issued.
7A(9) Weight	Enter, for each lost paper warehouse receipt, the weight of the agricultural product for which the paper warehouse receipt was issued.
7A(10)	In the case that there are more than five lost warehouse receipts, use an 8 1/2 by 11-inch sheet of paper to list additional receipts and follow with the required statement. Enter the bond number.
7A(11)	Enter the effective date of bond execution if listing additional warehouse receipts.
7D(1) and (2)	Check the appropriate box indicating that the agricultural product was or is to be delivered or a duplicate warehouse receipt is being issued.
7F(1) through (3)	Enter the (1) day (2) month and (3) year of execution of this agreement.
8(a)	Enter the typed name of the owner of the paper warehouse receipts that have been lost.
8(b)	Enter the signature of the owner (<i>and title if not an individual owner</i>) of the paper warehouse receipts that have been lost.
8(c) through (f)	Enter the signatures of two witnesses and their city, State addresses to the signature(s) in Item (b).

Item 9 to be executed by Individuals Acting as Surety. (OPTION 3)

Fld Name / Item No.	Instruction
9 (a) through (d)	IF OPTION 3 CHOSEN ON PAGE ONE, enter the signatures, (a) and (c), and city, State addresses, (b) and (d), of the two individuals acting as surety.
9 (e) through (h)	Enter the signatures, (e) and (g), and city, State addresses, (f) and (h), of two witnesses to the two signatures in Items (a) and (c).

Item 10 to be executed by Corporate Surety. (OPTION 4)

Fld Name / Item No.	Instruction
10 (a) through (c)	IF OPTION 4 CHOSEN ON PAGE ONE, enter (a) the typed name of corporate surety, the (b) signature of an authorized individual, and (c) the title of the authorized individual executing this agreement. <i>(Please attach a power of attorney evidencing the individual's authority).</i>
10 (d) through (g)	Enter the signatures and city, State addresses of two witnesses, (d) and (e), to the signature of the authorized individual.