**This form is available electronically.** Form Approved – OMB No. 0581-0305

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| **WA-84** **U.S. DEPARTMENT OF AGRICULTURE**  (xx-xx-xx) Agricultural Marketing Service  **POWER OF ATTORNEY**  **(TO SELL SECURITIES)** |

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| **I, (WE)** *(a)* | |  | | | | | | | | | | | | | | | | | | | |
| of City *(b)* |  | | | | | | | | State *(c)* | | |  | | | | | | | | | |
| do hereby constitute and appoint the Secretary of Agriculture or designated representative as attorney to collect, sell assign, and | | | | | | | | | | | | | | | | | | | | | |
| transfer certain securities described as follows: *(d)* | | | | |  | | | | | | | | | | | | | | | | |
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| such securities having been deposited, in lieu of a security bond, as security for the faithful performance of any and all stipulations of | | | | | | | | | | | | | | | | | | | | | |
| a certain obligation, entered into under the United States Warehouse Act on *(e)* | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | , Year | |  | | | , which is | |
| hereby made a part hereof, and the undersigned agrees that, in case of any default in the performance of any of the conditions and  stipulations of said obligation, the above-named attorney shall have full power to collect said securities or any part thereof, and to sell,  assign, and transfer said securities or any part thereof without notice, at public or private sale, free from any equity of redemption,  without any appraisement or valuation notice and right to redeem being waived, and to apply the proceeds of such sale or collection, in whole or in part, to the satisfaction of any damages, demands or deficiency arising by reason of such default, as said attorney may deem best, and the undersigned further agrees that authority herein granted is irrevocable.  **The undersigned ratifies and confirms whatever said attorney shall do on their behalf, and on behalf of their successors, and assigns.** | | | | | | | | | | | | | | | | | | | | | |
| SIGNED AND DATED this *(f)* | | | |  | | | | day of | | |  | | | | | , Year | |  | | | . |
|  | | |  | |  | | | | | | | | |  | | | | |  | | |
| *(g)* MUST BE ACKNOWLEDGED | | | | | | | Name | | |  | | | | | | | | | | | |
|  | | |  | | | *(h)* By | | | |  | | | | | | | | | | | |
|  | | |  | | | *(i)* Title | | | |  | | | | | | | | | | | |

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| **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 provide a Power of Attorney for individuals or partnerships that have executed form WA-83 - Warehouse Operator’s Bond (For Eligible Securities).  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 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.*** |

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

*Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*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*](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. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email:* [*program.intake@usda.gov*](mailto:program.intake@usda.gov)*. USDA is an equal opportunity provider, employer, and lender.*

# Instructions For WA-84

## Power of Attorney (To Sell Securities)

### This form is used to provide a Power of Attorney for individuals or partnerships that have executed form WA-83.

### The bond is prepared by the License and Storage Contract Branch and sent to the warehouse operator for signature of execution and submission of the original 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, for acceptance and licensing.

###### This form is provided for information purposes only.