U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE COTTON AND TOBACCO PROGRAM

APPLICATION FOR LICENSE TO SAMPLE COTTON **UNDER THE UNITED STATES** 

COTTON STANDARDS ACT

This application is authorized by law, 7 U.S.C. 51 et. seq. (U.S. Cotton Standards Act) and U.S.C. 473 c et. seq. (Smith-Doxey Act) and the regulations issued thereunder (7 CFR Part 28). Furnishing the information is voluntary and no penalty will be imposed for failure to respond; however, this information is necessary if we are to issue the license.

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 0581-0008. The time required to complete this information collection is estimated to average 5 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

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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 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. USDA is an equal opportunity provider, employer, and lender.

INSTRUCTIONS: Answer all questions and send one completed application to the address shown at the bottom of the page. A company operating more than one

warehouse or gin may submit one application for all warehouses or gins. How be listed on Page 2. A separate license will be issued for each warehouse or gi		dress of each warehouse or g	in to be licensed should
1. NAME IN WHICH BUSINESS IS CONDUCTED (Print or type):		2. TYPE OF BUSINESS FOR WHICH APPLICATION IS BEIING MADE:  (Mark an "X" in appropriate block):	
		COTTON	GIN COTTON
		WAREH	OUSE
3. LOCATION OF BUSINESS (Street and number, City State, and Zip Code	e):		
4. MAILING ADDRESS (Street or P.O. Box Number, City, State, and ZIP Code):		5. NUMBER OF WAREHOUSES OR GINS	
		OPERATED	
Enter your E-Mail address here:			
6. BUSINESS IS (Mark an "X" in appropriate block):  OWNED BY ONE PERSON  A PARTNERSHIP		7. IF THIS APPLICATION IS FOR A WAREHOUSE, IS COTTON STORED FOR THE PUBLIC	
A CORPORATION AN ASS	OCIATION	YES	NO
CERTIFICATION STATEMENT: The undersigned, as abide by the terms of the United States Cotton Standards A are hereby certified to be true to the best of the knowledge a	ct and Regulations. The statem		
<b>NOTE:</b> Application must be signed by the If submitted electronically.	owner or a responsible official of , type your name in the signature		
SIGNATURE	TITLE		DATE
SUBMIT ELECTRONICALLY OR MAIL TO:		FOR USE BY COTTO DATE LICENSE ISSUE	
		LICENSE NUMBER	

## APPLICATION FOR LICENSE TO SAMPLE COTTON UNDER THE UNITED STATES COTTON STANDARDS ACT

INSTRUCTIONS: This page should be used to provide additional names, locations and mailing addresses of warehouses or gins to be licensed.

NAME IN WHICH BUSINESS IS CONDUCTED	NAME OF OWNER OR RESPONSIBLE OFFICIAL	
NAME, LOCATION, AND MAILING ADDRESS (If Different)	OF ADDITIONAL WAREHOUSES OR GINS (Street or P.O.	
Box Number, City, State, and Zip Code)	,	
NAME IN WHICH BUSINESS IS CONDUCTED	NAME OF OWNER OR RESPONSIBLE OFFICIAL	
NAME, LOCATION, AND MAILING ADDRESS (If Differen	nt) OF ADDITIONAL WAREHOUSES OR GINS (Street or P.O.	
Box Number, City, State, and Zip Code)		
NAME IN WHICH BUSINESS IS CONDUCTED	NAME OF OWNER OR RESPONSIBLE OFFICIAL	
NAME LOCATION AND MAILING ADDRESS (If Differen	ht) OF ADDITIONAL WAREHOUSES OR GINS (Street or P.O.	
Box Number, City, State, and Zip Code)	ny of ribbilitorial withblioosiss on on is (successive)	