

WA-53
(06-24-13)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

A. Print Applicant Name Clearly and Distinctly for Issuance of License

B. USWA Warehouse License Number **(REQUIRED)**

**APPLICATION FOR A LICENSE TO INSPECT,
CLASSIFY, SAMPLE, AND/OR WEIGH AGRICULTURAL PRODUCTS
UNDER THE UNITED STATES WAREHOUSE ACT**

NOTE TO APPLICANT: This application must be filled out and signed by the applicant. This application must be accompanied by a check or money order for the required fee and made payable to: **"FARM SERVICE AGENCY, USDA."**

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I am applying for a license, under the United States Warehouse Act, to perform the services indicated in Item 2.

1. TYPE OF WAREHOUSE:

- Grain Cotton Cottonseed
 Dry Beans Nut Other: _____

2. TYPE OF SERVICE LICENSE REQUESTED:

- Inspect Weigh Sample
 Classify (*Condition, Grade, Class*)

3. TYPE OF CERTIFICATION:

- Grade Class
 Condition Weight

4. Facsimile Signature

- YES NO

5. DATE EMPLOYED
(MM-DD-YYYY)

6. PRESENT DUTIES OR TITLE

7. Name and Location (*City, State, Zip Code*) of Warehouse where Services will be Performed

8. Name and Location (*City and State*) of Current Employer

9. State your experience in the actual inspection, grading, sampling, classing, and/or weighing of the agricultural products covered by this application, specifying the number of years with dates and names of employers. **(REQUIRED)**

10. Are you presently, or have you ever held a license for a similar service? YES NO

(If **"YES"**, please indicate warehouse license number(s), service license number(s), location(s) and for whom the services were performed.)

11. Indicate any special training you have had pertinent to this application (*i.e., grain grading schools, seminars, USDA related schools, etc.*).

12. APPLICANT'S CERTIFICATION		
<i>"Knowing that false statements made to the Government are subject to penalty, I certify that I have not been convicted of a felony, that I am at least 18 years of age and physically capable to perform the duties required by the service(s) for which this application is made; that I have the skills and equipment needed to perform these service(s) in accordance with applicable standards; and if this application is to include weighing, I will not knowingly weigh on scales that I believe to be incorrect; and that the statements made in this application are true to the best of my knowledge. Further, as a condition to granting this license, I agree to comply with the terms of the United States Warehouse Act and its regulations."</i>		
A. Applicant's Signature		B. Date (MM-DD-YYYY)
13. WAREHOUSE OPERATOR'S CERTIFICATION		
<i>I certify that "The applicant is acceptable to perform the service(s) for which applied for at the warehouse operated by the undersigned and specified on this form."</i>		
A. Name of Warehouse Operator (Legal Entity Name)		B. Phone Number
C. Authorized Signature	D. Title	E. Date (MM-DD-YYYY)
No license will be issued until approved by the Warehouse License and Examination Division (KCCO).		

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, and the United States Warehouse Act (Pub. L. 106-472). The information will be used to apply for individual licensing under the United States Warehouse Act to inspect, weigh, classify as to condition, grade, and class, and or sample agricultural products within the authority. 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 0560-0120. 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 KANSAS CITY COMMODITY OFFICE, WAREHOUSE LICENSE AND EXAMINATION DIVISION, STOP 9148, P.O. BOX 419205, KANSAS CITY, MO 64141-6205.**

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.