

WA-70
(10-03-11)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

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 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.***

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