

<p><b>WA-53</b> (08-01-03)</p> <p style="text-align: center;"><b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency</p> <p style="text-align: center;"><b>APPLICATION FOR A LICENSE TO INSPECT, CLASSIFY, SAMPLE, AND OR WEIGH AGRICULTURAL PRODUCTS UNDER THE U.S. WAREHOUSE ACT</b></p>	<p>A. NAME OF APPLICANT</p> <hr/> <p>B. USWA LICENSE NO.</p>
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<p><b>NOTE TO APPLICANT:</b> 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: "<b>FARM SERVICE AGENCY, USDA.</b>"</p>	<p>C. FEE</p> <p>\$</p>
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I am applying for a license, under the United States Warehouse Act, to perform the services indicated in Item 1.

<p>1. <b>TYPE OF SERVICE LICENSE REQUESTED:</b>    <input type="checkbox"/> Inspect    <input type="checkbox"/> Weigh    <input type="checkbox"/> Classify (Condition, Grade, Class)    <input type="checkbox"/> Sample</p> <p>2. <b>TYPE OF WAREHOUSE:</b>    <input type="checkbox"/> Grain    <input type="checkbox"/> Cotton    <input type="checkbox"/> Cottonseed    <input type="checkbox"/> Dry Beans</p> <p style="margin-left: 100px;"><input type="checkbox"/> Nut    <input type="checkbox"/> Syrup    <input type="checkbox"/> Tobacco    <input type="checkbox"/> Other</p>	<p>3.    <input type="checkbox"/> Grade    <input type="checkbox"/> Class</p> <p><b>TYPE OF CERTIFICATION:</b>    <input type="checkbox"/> Condition    <input type="checkbox"/> Weight</p> <p>4. Facsimile Signature/E-Signature</p> <p style="text-align: center;">YES <input type="checkbox"/>                      NO <input type="checkbox"/></p>
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<p>5. NAME AND ADDRESS OF WAREHOUSE IN WHICH YOU WILL PERFORM THE SERVICE</p>	<p>6. LOCATION OF WAREHOUSE (COMPLETE MAILING ADDRESS)</p>
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<p>7. NAME AND ADDRESS OF PRESENT EMPLOYER</p>	<p>8. DATE EMPLOYED (MM/YYYY)</p>	<p>9. PRESENT DUTIES OR TITLE</p>
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10. 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.

11. Are you presently, or have you ever held a license for a similar service? YES  NO  (If "YES", please indicate type of license and number, location, and for whom the services were performed.)

12. Please indicate any special training you have had pertinent to this application. Please include copies of certificates of training (i.e., grain grading schools, seminars, USDA related schools, etc.)

13. Give names and addresses of four persons, not of your immediate family, and not connected with any warehouse you will serve, who have personal knowledge of your qualifications. Include your most recent employer on this list, if any.

A. NAME	B. ADDRESS <i>(Street &amp; No. or R. F.D. No. and Zip Code)</i>	C. TELEPHONE NO. <i>(Area Code)</i>	D. OCCUPATION

**14. APPLICANT'S CERTIFICATION**

*"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."*

A. APPLICANT'S SIGNATURE B. DATE (MM-DD-YYYY)

C. PRINT NAME CLEARLY AND DISTINCTLY FOR ISSUANCE OF LICENSE

**15. WAREHOUSE OPERATOR'S CERTIFICATION**

*I certify that "The applicant is acceptable to perform the services(s) for which applied for at the warehouse operated by the undersigned and specified on this form."*

A. NAME OF WAREHOUSE OPERATOR

B. WAREHOUSE OPERATOR'S SIGNATURE

C. TITLE D. DATE (MM-DD-YYYY)

**16. RECOMMENDATION OF U.S. WAREHOUSE EXAMINER IF APPLICABLE**

A. I, attest that "I have determined that the applicant is  qualified,  not qualified, and I  recommend  do not recommend issuance of the license applied for. "

B. EXAMINER'S SIGNATURE C. DATE (MM-DD-YYYY)

**17. DETERMINATION OF WAREHOUSE LICENSE AND EXAMINATION DIVISION (Kansas City Commodity Office)**

A. I, attest that a telephone and or written investigation of the applicant has been conducted by me and I recommend the following:  
 APPLICANT APPROVED  APPLICANT NOT APPROVED

B. REVIEWER'S SIGNATURE C. DATE (MM-DD-YYYY)

**NOTE:** 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) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR Part 735. Furnishing the requested information is voluntary; and no penalty will be imposed for failure to respond. However, a response is required in order to be considered for a service license (7 U.S.C. 242) and the decision as to the applicant's eligibility for a service license must be made in part on the basis of the information provided. This information will not be disclosed outside of the U.S. Department of Agriculture except as required by law to the Department of Justice and to the Department of Treasury. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 U.S.C. 286, 287, 371, 641, 651, 1001, and 31 U.S.C. 3729, may be applicable to the information provided.

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. **RETURN THIS COMPLETED FORM TO KANSAS CITY COMMODITY OFFICE, WAREHOUSE LICENSE AND EXAMINATION DIVISION.**