

WA-70
(08-01-03)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

RECEIPT SIGNATURE AUTHORITY

NOTE: *The following statements are made in accordance with Privacy Act of 1974 (5 U.S.C. 552a) and the Paperwork Reduction Act of 1995, as amended. 7 CFR Part 735 authorizes collection of the following data. Furnishing of the requested data is voluntary, and no penalty will be imposed for failure to respond. However, a response is required in order to be considered for a warehouse license (7 U.S.C. 242) and the decision as to the applicant's eligibility for a 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 the 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 YOUR KANSAS CITY COMMODITY OFFICE, WAREHOUSE LICENSE AND EXAMINATION DIVISION.

1. LICENSE NUMBER

2. DATE (MM-DD-YYYY)

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, State and Zip Code)

4A. SIGNATURE OF PERSON AUTHORIZED TO SIGN RECEIPTS

4B. TYPE OR PRINT SIGNATURE OF PERSON AUTHORIZED TO SIGN RECEIPTS

5. NAME OF LICENSED WAREHOUSE OPERATOR

6. BY