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| U.S. DEPARTMENT OF AGRICULTURE<br>AGRICULTURAL MARKETING SERVICE<br>FEDERAL GRAIN INSPECTION SERVICE<br><br><b>APPLICATION FOR APPROVAL TO OPERATE AS A<br/>WEIGHING FACILITY</b>                                                                                    |                         | <b>FORM APPROVED OMB NO. 0581-0309</b><br><br>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 0581-0309. The time required to complete this information collection is estimated to average 44 minutes per response, including the time for reviewing instructions, searching for existing data sources, gathering and maintaining sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. |
| This application form must be completed and approved before operating as a weighing facility (7U.S.C.7A (f).) See reverse for additional information required.                                                                                                       |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>1. NAME OF FACILITY (Where The Weighing Equipment Is Located):</b>                                                                                                                                                                                                |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>ADDRESS (Street, City, State, and Zip Code):</b>                                                                                                                                                                                                                  |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>OWNER OF FACILITY</b>                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>2. NAME:</b>                                                                                                                                                                                                                                                      |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>ADDRESS (Street, City, State, and Zip Code):</b>                                                                                                                                                                                                                  |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>OPERATOR OF FACILITY</b>                                                                                                                                                                                                                                          |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>3. Contact Person</b>                                                                                                                                                                                                                                             | <b>Telephone Number</b> | <b>Email</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>4. The following named persons are employed at this facility as weighers. Each individual has demonstrated the technical ability to operate grain weighing equipment and has a reputation for honesty and integrity (fill-out additional forms if necessary).</b> |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <b>5. NAME AND SIGNATURE OF OPERATOR AND DATE</b>                                                                                                                                                                                                                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

**SCALE SYSTEM TO BE USED OFFICIALLY (Fill out additional sheets for each scale system differing in design or use; answer questions 6-13 only if this is for the initial test)**

**6. Type Scale**

Railway Track

Vehicle Platform

Automatic Bulk Weighing System

**RESET****7. Load-Receiving Element**

Platform

Hopper

**RESET****8. Load-Sensing**

Full-electronic (2 or more load cells)

Lever-tronic (1 load cell)

Mechanical

**RESET****9. Type of Movement (may check more than one)**

Inbound

Outbound

Export

**RESET****10. WEIGHING ELEMENT MANUFACTURER (Scale):****MODEL:****11. CERTIFICATE OF CONFORMANCE NUMBER:****12. DIGITAL WEIGHT INDICATOR MANUFACTURER:****MODEL:****CERTIFICATE OF CONFORMANCE NUMBER:****13. LOAD CELL MANUFACTURER:****MODEL:****CERTIFICATE OF CONFORMANCE NUMBER:****COMMENTS:**

## **FGIS 1001**

### **“APPLICATION FOR APPROVAL TO OPERATE AS A WEIGHING FACILITY”**

The U.S. Grain Standards Act and regulations require facilities to submit information showing that the weighing facility and the elevator personnel operating weighing equipment at that facility meet the conditions necessary to have official weighing. Facilities are required to provide this information when service is first established, and when operating personnel change (or at least annually if personnel change). Operators fill out the Form FGIS 1001, “Application For Approval To Operate As A Weighing Facility”, to document that their weighing facility complies with these conditions.

Questions 1-5 pertain to facility’s location, operation, and ownership and lists weighers who the operator has trained adequately and will see that they use scales as directed by official personnel. Questions 6-14 have to do with the scales’ use, design, and component specifications. Assistance may be required of the person(s) or company who installs or maintains the scale to answer some of these questions.

### **Instructions for Completing FGIS 1001**

1. Name of the facility, mailing and street address for the facility’s physical location.
2. Owner’s name and address.
3. Name of person to contact in case additional clarification needed about the information submitted.
4. Names of persons employed at the facility that operate the facility’s scales as weighers. By listing employees here, the facility is stating that these individuals can demonstrate a technical ability to operate grain weighing equipment and have a reputation for honesty and integrity. If the facility’s personnel fluctuates because personnel are hired from employment pools, such as longshore personnel, the individuals who directly supervise these individuals (facility) or “key” longshore personnel can be listed. These blanks do not require the signature of the individual.
5. Operator’s signature with date (usually the plant superintendent or manager). The person who controls or is accountable for the weighers’ employment, training, or oversight.
6. Type scale - check the box adjacent signifying whether the scale is a railway track, vehicle platform, or automatic bulk weighing system.
7. Load-receiving element - check “Platform” if the vehicle or railway track car carriers are placed on the weighing element; check “hopper” if the weighing element is a tank or hopper for an automatic bulk weighing system or hopper scale.
8. Load-Sensing - check full-electronic if an electronic scale with 2 or more load cells which directly support the load-receiving element; check lever-tronic if a mechanical scale that has a load cell inserted into a lever system; check mechanical if a scale which operates purely on a lever system or has any other non-electrical balance system.

9. Inbound or outbound movements - grain unloaded or loaded respectively into or out of carriers; outbound is also defined as grain leaving the facility where the grain is weighed; export means grain exported or moved outside the boundaries of the United States. More than one box may be checked.
10. Weighing Element Manufacturer - list the company name and model, including certificate number manufacturing the scale part (the weighing element or the load-receiving element is the portion of a scale that supports and transmits to the indicating element the signal or force resulting from the load applied, also known as a hopper or platform).
11. Certificate of Conformance (cc) - provide the device's certificate number. A "cc" is a document issued by the National Conference on Weights and Measures (NCWM) based on testing by a Participating Laboratory; said document constitutes evidence of conformance of a type with the requirements of National Institute of Standards and Technology Handbooks 44, 105-1, following State, and GIPSA weighing regulations. See NCWM certificate and or "certificate database" at <http://www.ncwm.net> for that number or if it came with documentation when equipment was purchased or was provided by the scale installer. The weighing element, digital weight indicator, and load cells each have separate certificate numbers.
12. Digital Weight Indicator Manufacturer - list the company name, model, and certificate number that manufactured the weight display or indicating element mechanism. The digital weight indicator is a system of indication or recording of the selector type or one that advances intermittently in which all values are presented digitally, or in numbers. In a digital indicating or recording element, or in digital representation, there are no graduations. NCWM lists these device types as "Indicating Elements" in its certificate databases.
13. Load Cell Manufacturer - a load cell, also known as "force transducer" is a device, whether electric, hydraulic, or pneumatic, that produces a signal proportional to the load applied. List the company name, model, and certificate number that has manufactured the scale's load cells.

## **CONTACT INFORMATION:**

Contact the field office responsible for the geographic area in which the service will be provided. Details for these locations can be found on the [FGIS website](#). The signed form should also be mailed to this location.

For further information on the "Application For Approval To Operate As A Weighing Facility" contact:

Policies, Procedures, and Market Analysis Branch

[FGISPoliciesProceduresMarketAnalysisBranch@usda.gov](mailto:FGISPoliciesProceduresMarketAnalysisBranch@usda.gov)