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(See Page 2 for Privacy Act and Paperwork Reduction Act Statements.)

WA-237
(10-24-23)

U.S. DEPARTMENT OF AGRICULTURE
Agricultural Marketing Service
United States Warehouse Act

ORDER FOR PRINTING U.S. WAREHOUSE RECEIPT FORMS

1. FOR AMS ONLY		2. Order No.	
A. Vendor name		B. Contact Information	
3. License No.	4. Print: <input type="checkbox"/> Receipt Number <input type="checkbox"/> CCC Warehouse Code Number: _____ <input type="checkbox"/> Control Number: _____		
5. Name of Warehouse		6. Location of Warehouse	
7. Name of Warehouse Operator (Legal Entity)			
8. Incorporated or Organized Under the Laws of State of: (If not incorporated/organized, show "None.") State: <input type="checkbox"/> Incorporated <input type="checkbox"/> Organized			
9. Quantity Wanted	10. Serially Numbered		11. Copies in Set (Excluding original)
	FROM	TO	12. Type Assembly Desired
Note: Duplicate copy of UGRSA grain receipts will be fully printed on salmon paper. Record Copy (to remain in book) – White			
13. Commodity to be Covered: (Check One) <input type="checkbox"/> Cotton <input type="checkbox"/> Rice <input type="checkbox"/> Grain <input type="checkbox"/> Other (Specify): _____			
14. Kind of Receipt: (Check One) <input type="checkbox"/> Bearer <input type="checkbox"/> Order <input type="checkbox"/> Non-Negotiable		15. Insurance Statement: (Check One) <input type="checkbox"/> Fully Insured (Standard Policy) <input type="checkbox"/> All Risk (Except War Risk) <input type="checkbox"/> Not Insured	
16. Type of Receipt: (Check One) <input type="checkbox"/> Single Bale <input type="checkbox"/> Multiple Bale <input type="checkbox"/> UGRSA (Grain) <input type="checkbox"/> Special Form (Copy Attached) <input type="checkbox"/> Standard (Type): _____			
17. Overprint: (Check appropriate box(es) below.) (Red ink will be used unless otherwise specified.) <input type="checkbox"/> Licensed Weigher <input type="checkbox"/> Not Graded on Request of Depositor <input type="checkbox"/> Other (Specify exact wording): _____			
18. Warehouse Rates in Lien Column? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", specify exact wording: _____			
19. SHIP TO: (Specify exact Name and Address, including Zip Code to which receipts are to be shipped.)		20. Remarks:	
SHIP BY: (Method)			
21. FOR USDA USE ONLY		22. When this order is filled, please have contract printer send statement of charges. A check will be promptly forwarded.	
A. Approved By _____ (For U.S. Department of Agriculture)		A. Name _____ (Licensed Warehouse Operator)	
B. Date Approved _____ (MM-DD-YYYY)		B. Signed _____	
		C. Date Signed _____ (MM-DD-YYYY)	

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 869, 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 by the warehouse operator to order negotiable or nonnegotiable receipt forms from the Warehouse and Commodity Management Division. 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. 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 0581-0305. The time required to complete this information collection is estimated to average 10 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 WAREHOUSE AND COMMODITY MANAGEMENT DIVISION, STOP 9148, P.O. BOX 419205, KANSAS CITY, MO 64141-6205 or warehousing@usda.gov**

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.