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CCC-24	U.S. DEPARTM

(09-09-03)

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S. DEPARTMENT OF AGRICULTURE

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PPLICATION FOR APPROVAL OF WAREHOUSE
Uniform Grain and Rice Storage Agreement (UGRSA

LEAVE BLANK - CCC USE ONLY					
A. APPROVED (MM-DD-YYYY)	B. CONTRACT NUMBER				
C. WAREHOUSE CODE NUMBER	D. MASTER CODE NUMBER				

NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 1 hour 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 following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting this information is the Commodity Credit Corporation (CCC) Charter Act (15 USC 714 et seq.) and the regulations promulgated thereunder (7 CFR Part 1421). The information will be used to complete the terms of a contract between the warehouse operator and CCC. Furnishing this information is voluntary, however, without it, eligibility to enter into an agreement with CCC cannot be determined and the agreement will be denied. In addition to the routine uses published in the Federal Register for this information, the information on this form may be provided to the IRS, the Department of Justice, other governmental agencies, other State or Federal law enforcement agencies, or to a court magistrate, or administrative tribunal. All information provided herein is subject to verification by the CCC. The provisions of criminal and civil fraud statutes include, but are not limited to, 18 USC 286, 287, 371, 641, 651, 1001, 1014; 15 USC 714m; and 31 USC 3729. RETURN THIS COMPLETED FORM TO THE KANSAS CITY COMMODITY OFFICE, ATTENTION: BULK COMMODITIES DIVISION, STOP 8748, P.O. BOX 419205, KANSAS CITY, MO 64141-6205.

The undersigned hereby applies for a UGRSA in current application on file.	order to be eligible to s	tore grain and rice on behal	If of CCC o	r requests amendment to the
Legal Name of Entity		2. Warehouse Location(s) (Tow	n, County, Si	tate)
3A. Name of Warehouse Manager or Superintendent		3B. Telephone Number (Area C	Code)	3C. Fax Number (Area Code)
USWA State U.S. Warehouse Act	e Number (If State or licensed)	5. Type of Operating Entity Corporation General Partnership Other (Specify):		Limited Individual
6A. Contact Mailing Address (Including Zip Code)		6B. Contact Person for CCC:		
		6C. Telephone No. (Area Code	e):	
		6D. Fax No. (Area Code):		
		6E. E-Mail Address:		
7. Mailing Address for Loading Orders and Periodic Invoices	s (Including Zip Code)	8A. Payee Name and Disburse		Address (Including Zip Code)
		8B. Telephone Number (Area C	Code):	
		8C. Fax Number (Area Code):		
Name and Title of (Officers, if a Corporation), (Partners, if	a Partnership), (Individual,	if a Proprietorship) B.		C.
Name		Title		Address

10. Total Handling Capacity Combining a	all Locations Per Norma	l Workday (Report Weig	ght in Bushels)				
TYPE OF CONVEYANO	CE	UNLOAD (BUSHELS)		LOAD OUT (BUSHELS)			
a. Railroad Car (Hoppers)		· ·	,		,	,	
b. Truck							
c. Barge							
d. Vessel							
11. Indicate Maximum Number of Covere	ed Hopper Rail Cars you	u are Willing to Handle i	n a 24-hour workday on a Multiple	-Car Basis fo	r CCC (list by l	ocation) below	
LOCATION	RECEIVING	LOAD OUT	LOCATION		RECEIVING	₃ LC	DAD OUT
a.			e.				
b.			f.				
c.			g.				
d.			h.				
		OFFICIAL WEIG	HTS AND GRADES				
To qualify for official weights, the warehoundependent third party. (Official weights		eive and load out the gr		at are certified	by AAR, the se	ervicing rail, FG	GIS, or qualified
To provide official origin grades for rail or	•	,	re a mechanical sampler agreeme	ent (certified by	<i>FGIS</i>) or a "Ro	oute" sampler:	agreement
(i.e., cars are probed by a licensed sample				n CCC.			
					roved ights i		igin Grades pections
			2004	YES	NO	YES	NO
12. (a) Are the types of weights and or warehouse?			·				
(b) If available, will you furnish type order settlements?							
(c) If official origin grades or inspect obtained by a diverter-type med	hanical sampler authori	zed by USDA?	· · · · · · · · · · · · · · · · · · ·				
(d) If approved weights are available in the space below.	le, show agency superv	ising such weights	(e) If official grades or inspection the service in the space bel		ole, show inspe	ection office pro	oviding
(1) FGIS (Location) (Full address In	ncluding Zip Code)		(1) FGIS (Location) (Full	address Includ	ding Zip Code)		
(2) Other Approved Agency (Name and Address including Zip Code)		Zip Code)	(2) Other Approved Agency (Name and Address including Zip Code)				
13. CERTIFICATION							
The applicant certifies that all state provisions of the UGRSA. Form to unless authorized by a resolution of the control of th	must be signed by a	n authorized individ	ual, i.e., corporate officer, p	oartner or pi	oprietor. M		
13A. Legal Name of Entity			y jan money oy w purm	o. propri			
13B. BY		13C. Title			13D. Date (M	IM-DD-YYYY)	