

**WA-53**  
(10-24-23)**U.S. DEPARTMENT OF AGRICULTURE**  
Agricultural Marketing Service  
United States Warehouse Act**APPLICATION FOR A LICENSE TO INSPECT, CLASSIFY, SAMPLE,  
AND/OR WEIGH AGRICULTURAL PRODUCTS  
UNDER THE UNITED STATES WAREHOUSE ACT**A. Print Applicant Name Clearly and Distinctly for  
Issuance of LicenseB. USWA Warehouse License Number **(REQUIRED)****NOTE TO APPLICANT:** This application must be filled out and signed by the applicant.

I am applying for a license, under the United States Warehouse Act, to perform the services indicated in Item 2.

## 1. TYPE OF WAREHOUSE:

- ☐
- Grain
- ☐
- Cotton
- ☐
- Cottonseed
- 
- ☐
- Dry Beans
- ☐
- Nut
- ☐
- Other: \_\_\_\_\_

## 2. TYPE OF SERVICE LICENSE REQUESTED:

- ☐
- Inspect
- ☐
- Weigh
- ☐
- Sample
- 
- ☐
- Classify (
- Condition, Grade, Class*
- )

## 3. TYPE OF CERTIFICATION:

- ☐
- Grade
- ☐
- Class
- 
- ☐
- Condition
- ☐
- Weight

## 4. Facsimile Signature

☐ YES ☐ NO5. DATE EMPLOYED  
(MM-DD-YYYY)

## 6. PRESENT DUTIES OR TITLE

7. Name and Location (*City, State, Zip Code*) of Warehouse where  
Services will be Performed8. Name and Location (*City and State*) of Current Employer9. 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. **(REQUIRED)**

10. Are you presently, or have you ever held a license for a similar service?

(If **"YES"**, please indicate warehouse license number(s), service license number(s), location(s) and for whom the services  
were performed.)☐ YES ☐ NO11. Indicate any special training you have had pertinent to this application (*i.e., grain grading schools, seminars, USDA related schools, etc.*).

**12. 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)

**13. WAREHOUSE OPERATOR'S CERTIFICATION**

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

A. Name of Warehouse Operator (Legal Entity Name)

B. Phone Number

C. Authorized Signature

D. Title

E. Date (MM-DD-YYYY)

F. E-Mail Address

**No license will be issued until approved by the Warehouse and Commodity Management Division.**

**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, and the United States Warehouse Act (Pub. L. 106-472). The information will be used to apply for individual licensing under the United States Warehouse Act to inspect, weigh, classify as to condition, grade, and class, and or sample agricultural products within the authority. 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 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.

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](mailto:warehousing@usda.gov)**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 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](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](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

## Instructions for WA-53

### **APPLICATION FOR A LICENSE TO INSPECT, CLASSIFY, SAMPLE, AND/OR WEIGH AGRICULTURAL PRODUCTS UNDER THE U.S. WAREHOUSE ACT**

**Applicants for personal licensing under the United States Warehouse Act to inspect, weigh, classify as to condition, grade, and class, and/or sample agricultural products within the authority of an existing United States Warehouse Act license use this form.**

**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](mailto:warehousing@usda.gov)**

**Applicants must complete Items 1 through 14. The warehouse operator completes the certification in Item 15. AMS completes the certifications in items 16 and 17.**

**Items 16 and 17 are for AMS use only.**

<b>Fld Name/ Item No.</b>	<b>Instruction</b>
A Name of Applicant	Enter the name of applicant.
B USWA License No.	Enter USWA license number.

#### **Items 1 through 14**

<b>Fld Name/ Item No.</b>	<b>Instruction</b>
1 Type of Warehouse	Check the box indicating the type of warehouse(s) at which the applicant will be providing the service requested in Item 1.

Fld Name/ Item No.	Instruction																
2 Type of Service License Requested	<p>Check the box indicating the services the applicant intends to provide.</p> <table border="0"> <tr> <td><b>With a License to:</b></td> <td><b>Applicant will be Certifying:</b></td> </tr> <tr> <td>Inspect and Weigh</td> <td>Condition and Weight</td> </tr> <tr> <td>Inspect, Classify, and Weigh</td> <td>Condition, Class, Grade, and/or Weight</td> </tr> <tr> <td>Weigh</td> <td>Weight</td> </tr> <tr> <td>Classify</td> <td>Condition, Class, and/or Grade</td> </tr> <tr> <td>Sample</td> <td>No Certification)</td> </tr> <tr> <td>Sample, Classify and Weigh</td> <td>Condition, Class, and/or</td> </tr> <tr> <td>Weight Sample and Weigh</td> <td>Weight</td> </tr> </table> <p>According to 7 CFR 869.200</p>	<b>With a License to:</b>	<b>Applicant will be Certifying:</b>	Inspect and Weigh	Condition and Weight	Inspect, Classify, and Weigh	Condition, Class, Grade, and/or Weight	Weigh	Weight	Classify	Condition, Class, and/or Grade	Sample	No Certification)	Sample, Classify and Weigh	Condition, Class, and/or	Weight Sample and Weigh	Weight
<b>With a License to:</b>	<b>Applicant will be Certifying:</b>																
Inspect and Weigh	Condition and Weight																
Inspect, Classify, and Weigh	Condition, Class, Grade, and/or Weight																
Weigh	Weight																
Classify	Condition, Class, and/or Grade																
Sample	No Certification)																
Sample, Classify and Weigh	Condition, Class, and/or																
Weight Sample and Weigh	Weight																
3 Type of Certification	<p>Check the box indicating the certification the applicant intends to give.</p> <p>See the table in Item 1.</p>																
4 Facsimile or E-Signature	<p>Check the box indicating whether the applicant needs facsimile or E-signature authority.</p>																
5 Date Employed	<p>Enter the date (<i>MM-DD-YYYY</i>) employed by this warehouse operator.</p>																
6 Present Duties or Title	<p>Enter present duties or the applicant's job title with the current employer.</p>																
7 Name and address of Warehouse where Services will be Performed	<p>Enter the name of the warehouse and the city and state location in which the service will be performed.</p>																
8 Name and Address of Current Employer	<p>Enter the name and address (city, state) of the licensed warehouse operator for whom the applicant will be performing the activities requested for licensing.</p>																

<b>Fld Name/ Item No.</b>	<b>Instruction</b>
9 State the applicant's experience (etc.)	Enter a summary of the applicant's past experience with inspecting, grading, sampling, classing and/or weighing of agricultural products covered by this application including the number of years at a specific employer's warehouse.
10 Is the applicant presently licensed (or has the applicant ever been licensed)?	Check the box indicating whether the applicant has ever held a USWA license. Enter any license number, dates of license, and the name of the employer for whom the applicant may have held a USWA license for a similar service.
11 Please indicate any special training (etc.)	Enter training course work completed including grain grading schools, seminars and the like along with dates of attendance.
12 A - B Applicant's Certification	12 A. Enter the applicant's signature as the applicant wishes the license to be issued. 12 B. Enter the date of signature.
13 A - F Give names and addresses (etc.)	13 A. Enter the names of four persons who know the applicant's recent qualifications for the service(s) under application. The applicant's most recent previous employer should be on this list. All others should <u>not</u> be the applicant's immediate family or warehouses the applicant will service. 13 B. Enter the address of four persons who know the applicant's qualifications for the service(s) under application. 13 C. Enter the telephone number of four persons who know the applicant's qualifications for the service(s) under application. 13 D. Enter the occupation of four persons who know the applicant's qualifications for the service(s) under application. 13 E. Enter the date. 13 F. Enter the e-mail address for forwarding of license.