# ORDER FOR PRINTING U.S. WAREHOUSE RECEIPT FORMS

1. **MAIL / FAX TO:**
   
   **CHIEF LICENSING BRANCH**  
   **P.O. BOX 419205**  
   **KANSAS CITY, MISSOURI 64141-6205**  
   
   **FAX No. (816) 823-1805**  
   2. **FOR USDA USE ONLY**  
   
3. **ORDER NO.**

4. **DESCRIPTION:**
   - [ ] PAPER RECEIPTS
   - [ ] PUNCHED CARDS
   - [ ] RECEIPT NUMBERS
   - [ ] CCC WAREHOUSE CODE NO.

5. **LICENSE NO.**

6. **PRINT AND/OR PREPUNCH:**

7. **NAME OF WAREHOUSE**

8. **LOCATION OF WAREHOUSE**

9. **NAME OF WAREHOUSEMAN**

10. **INCORPORATED UNDER THE LAWS OF STATE OF:**

   *(If not incorporated, show "None.")*

11. **CHECK ONE**
   - [ ] PROPRIETOR
   - [ ] LESSEE
   - [ ] NEITHER

12. **QUANTITY WANTED**

13. **SERIALLY NUMBERED**

14. **COPIES IN SET**

   *(Excluding original)*

15. **TYPE ASSEMBLY DESIRED**

**NOTE:** Duplicate copy of UGRSA grain receipts will be fully printed on salmon paper. Record Copy (to remain in book) - White.

16. **COMMODITY TO BE COVERED:**

   *(Check one)*
   - [ ] COTTON
   - [ ] LINTERS
   - [ ] GRAIN
   - [ ] OTHER *(Specify)*

17. **KIND OF RECEIPT:**

   *(Check one)*
   - [ ] BEARER
   - [ ] FULLY INSURED *(Standard policy)*
   - [ ] ALL RISK *(Except war risk)*
   - [ ] FULLY INSURED *(Standard policy)*
   - [ ] FULLY INSURED *(Standard policy)*
   - [ ] NOT INSURED

18. **INSURANCE STATEMENT:**

   *(Check one)*
   - [ ] ORDER
   - [ ] NON-NEGOTIABLE
   - [ ] FULLY INSURED *(Standard policy)*
   - [ ] ALL RISK *(Except war risk)*
   - [ ] NOT INSURED

19. **TYPE OF RECEIPT:**

   *(Check one)*
   - [ ] SINGLE BALE
   - [ ] MULTIPLE BALE
   - [ ] STANDARD
   - [ ] UGRSA *(Grain)*
   - [ ] SPECIAL FORM *(Copy attached)*

**OVERPRINT:** *(Check appropriate box(es) below)* *(Red ink will be used unless otherwise specified.)*

   - [ ] LICENSED WEIGHER
   - [ ] NOT GRADED ON REQUEST OF DEPOSITOR
   - [ ] OTHER *(Specify exact wording)*

**WAREHOUSE RATES IN LIEN COLUMN?** *(Check one)*

   - [ ] YES
   - [ ] NO

   *(If "Yes," specify exact wording.)*

**SHIP TO:** *(Specify exact name and address, including ZIP code to which receipts are to be shipped.)*

**REMARKS**

**FOR USDA USE ONLY**

**APPROVED BY** *(FOR U.S. DEPARTMENT OF AGRICULTURE)*

**SIGNED** *(LICENSED WAREHOUSEMAN)*

**DATE APPROVED**

**SHIP BY:** *(Method)*

When this order is filled please have contract printer send statement of charges; a check will be promptly forwarded to him.

**DATE SIGNED**