6. Signature of the Authorizing Personnel and

Title

#### WA-70

(10-24-23)

Note:

1. License Number

5A. Name of Licensed Warehouse Operator

### U.S. DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service United States Warehouse Act

#### RECEIPT SIGNATURE AUTHORITY

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 to allow warehouse operators licensed under the United States Warehouse Act to record the official signature of persons authorized by the warehouse operator to sign negotiable warehouse receipts. 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

2. Date (MM-DD-YYYY)

NOTE: If Warehouse operator is a corpora	ation, this form must be signed in accordan	ce with the corporate resolution on file.
This is to certify that the person whose authorized to sign warehouse receipts is		ature which appears in Item 4 has been duly Type of signature authorized:
☐ Original ☐ Facsimile	E-signature	
3. Name and Address of Licensed Warehou	se (City and State Including Zip Code)	
4A. Signature of Person Authorized to Sign Receipts	4B. Type or Print Signature of Person Authorized to Sign Receipts	4C. Email of Person Authorized to Sign Receipts

USDA is an equal opportunity provider, employer, lender.

5B. Email of Licensed Warehouse Operator

## **Instructions For WA-70**

## RECEIPT SIGNATURE AUTHORITY

Warehouse operators licensed under the United States Warehouse Act use this form to record the official signature of persons authorized by the warehouse operator to sign negotiable warehouse receipts.

DIVISION, STOP 9148, P.O. BOX 419205, KANSAS CITY, MO 64141-6205 or warehousing@usda.gov

# Warehouse operators must complete Items 1 through 6

Items 1 through 6

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Fld Name / Item No.	Instruction	
1 License Number	Enter the United States Warehouse Act license number.	
2 Date	Enter today's date (MM-DD-YYYY).	
Warehouse Operator Signature	This is to certify that the person whose signature, facsimile or electronic signature which appears in Item 4 has been duly authorized to sign warehouse receipts issued under the U.S. Warehouse Act. Type of signature authorized is Original, Facsimile, or an Electronic signature.	
3 Name and Address of Licensed Warehouse	Enter the name of the licensed warehouse and the address.	
4A, 4B, 4C Signature of Person Authorized to Sign Receipts	<ul><li>A. Enter the signature of the warehouse receipt signer being authorized.</li><li>B. Enter the typed signature or printed signature of the warehouse receipt signer.</li><li>C. Enter the email of person authorized to sign receipts.</li></ul>	
5A, 5B Name of Licensed Warehouse Operator	A. Enter the name of the licensed warehouse operator.  B. Enter the email of licensed warehouse operator.	
6 Signature of Authorizing Personnel and Title	Enter the signature and title of an authorized person to approve this signature for the warehouse operator entity.	