



ARKANSAS
STATE PLANT
BOARD

P.O. Box 1069 ■ Little Rock, Arkansas 72203
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Darryl Little
Director

DATE:

TO: WAREHOUSE MANAGER

FROM: GRAIN WAREHOUSE SECTION, MANAGER
GRAIN WAREHOUSE AND CATFISH PROCESSOR SECTION

SUBJECT: PERSON(S) AUTHORIZED TO SIGN WAREHOUSE RECEIPTS

Please obtain signature(s) of person(s) authorized to sign warehouse receipts when issued.

Return to: State Plant Board
Grain Warehouse Section

1.

PLEASE PRINT NAME

SIGNATURE

2.

PLEASE PRINT NAME

SIGNATURE

3.

PLEASE PRINT NAME

SIGNATURE

4.

PLEASE PRINT NAME

SIGNATURE

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____