



OREGON DEPARTMENT OF AGRICULTURE

COMMODITY COMMISSION APPLICATION & QUALIFICATION FORM

Options to Return this Signed Form:

Mail: Agricultural Development & Marketing, ODA, 1207 NW Naito Pkwy #104, Portland, OR 97209

Email a scanned copy to: kanderson@oda.state.or.us

Fax: 503-872-6601

Note: This application is subject to the Public Records Act; it may be disclosed upon request. Personal information will be redacted.

To qualify for consideration, you **MUST** attach a letter describing your experience and desire to serve as a commodity commissioner. Your letter needs to include:

- 1) your professional background;
- 2) list agricultural or commercial fishing organizations you belong to whose central mission is relevant to the specific commodity, your role, and number of years involved;
- 3) farming, commercial fishing, marketing, research or educational experiences;
- 4) years of relevant work experience;
- 5) type of production or processing practice and any innovative practices you use;
- 6) previous and/or current government service;
- 7) goals for the commodity industry; and
- 8) - as required by law - your "active" interest in the positive development and economic growth" of Oregon's agriculture and commercial fishing industries.

All Applicants: Please complete the area below. You must include a Position # which are listed at oda.direct/commissions

Commission Name	Position #	Producer	Handler	Public Member
United States Citizen? Yes No	Oregon Resident? Yes No			
Are you currently serving on a state board or commission other than this one? Yes No				
If yes, please list:				

Legal Name							
Preferred Mailing Address		Home	Business	Preferred Phone		Home	Business
Business Name							
Occupation/Your Title				Years in this field			
Business Address			City	State	Zip		
Business Phone				Business Fax			
Home Address			City	State	Zip		
Home Phone				Home Fax			
E-mail							
County(ies) of Business				County of Home			

Producer or Handler Member: Please complete area below.

Consecutive years in Oregon as a handler/producer of the commodity represented by this commission.		Years
Producers: have you paid the assessment adopted by the commission during each of the three preceding calendar years? Handlers: have you collected the assessment adopted by the commission during each of the three preceding calendar years?		Yes No
For Seafood Commission applicants only: Home Port of Vessel: _____	For Processed Vegetable applicants only, check vegetables grown: green beans broccoli carrots cauliflower sweet corn table beets	

Public Member: Please complete area below; attach a separate piece of paper if needed.

Are you associated with the production or handling of the commodity? Yes No	
If yes, please explain how:	

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All Applicants:				
Commission Name	Position #	Producer	Handler	Public Member
Legal Name				

Please answer the following questions:

1. Have you ever been convicted of any criminal offense or violation (except for minor traffic offenses)? Yes* No
2. If you have held a professional license, have you ever had disciplinary action of any nature taken against you with regard to such license? Yes* No
3. If you are appointed, is there anything in your background that might reflect poorly on the State of Oregon or on the Commission to which you have applied, if known publicly? Yes* No

****If your answer to any of the above questions is "yes," please give full details on a separate sheet of paper.***

To assist us in meeting affirmative action objectives, we would appreciate information about your background. This information is optional and may be used for data collection only. Under state and federal law, this information may not be used to discriminate against you.

Race/Ethnicity: *(Select one)*

- | | |
|--------------------------------|----------------------------------|
| African American/Black | Hispanic/Latino |
| American Indian/Alaskan Native | Native Hawaiian/Pacific Islander |
| Asian | Multi/Other |
| Caucasian/White | |

Gender Identity: _____ **LGBTQ:** _____ **Disability:** _____

All Applicants: Please print, sign and date. Return form and letter to address, email or fax shown on front of form.

By signing this form, I hereby state that all information provided by me on this form and in the attached letter is true to the best of my knowledge and I will accept appointment if selected by the ODA Director.

Legal Signature:	Date:
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Printed Legal Name:

American with Disabilities Act (ADA): This information is available in alternative formats. Call 503-872-6600. The Oregon Department of Agriculture's Commodity Commission program provides equal opportunity to all applicants without regard to race, color, sex, national origin, religion, age, disability or genetic information.

THIS AREA FOR DEPARTMENT USE ONLY (4/18)

Application: Accepted Incomplete Denied Initial and date: _____

Appointed to Commission: _____
Signature/Date

Not appointed to Commission: _____
Signature/Date