



Commodity Commission Application & Qualification Form

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

Fill out with computer. Print to sign page 3. Scan, then submit your complete form via email. Or, use postal mail.

- **Email (preferred):** Commissions@oda.state.or.us
- **Mail:** ODA Commodity Commission Oversight Program, 1207 NW Naito Parkway #104, Portland, OR 97209
- All applicable fields must be complete for your application to be considered.

All Applicants - Please check if this is an application for reappointment

<small>Position number required. Available at: https://oda.direct/commissions</small>				
Commission	Position # _____	<input type="checkbox"/> Producer	<input type="checkbox"/> Handler	<input type="checkbox"/> Public member
United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Oregon Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently serving on a state board or commission other than this one?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list: _____				

Applicant legal name			
Business name			
Occupation/your title		Years in this industry	
Provide all information below. ONLY check the boxes for the mailing address and phone you prefer we use.			
<input type="checkbox"/> Business address	City	State	Zip
<input type="checkbox"/> Business phone	<input type="checkbox"/> Business cell phone		
<input type="checkbox"/> Home address	City	State	Zip
<input type="checkbox"/> Home phone	<input type="checkbox"/> Home cell phone		
E-mail			
County(ies)of business		County of home	

Producer or Handler Applicants Only - Fill out section 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 (3) preceding calendar years? Handlers: Have you collected the assessment adopted by the commission during each of the three (3) preceding calendar years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Seafood Commission applicants only: Home port of vessel: _____	Processed Vegetable applicants only, check vegetables grown: <input type="checkbox"/> green beans <input type="checkbox"/> broccoli <input type="checkbox"/> carrots <input type="checkbox"/> cauliflower <input type="checkbox"/> sweet corn <input type="checkbox"/> table beets	

Public Member Applicants Only - Fill out section below.

Are you associated with the production or handling of the commodity? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain how (feel free to attach an additional page if necessary):



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Commission	Position # _____ <input type="checkbox"/> Producer <input type="checkbox"/> Handler <input type="checkbox"/> Public member
Applicant legal name	

All Applicants - 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 you answer "yes" to any of questions 1-3, give full details on a separate sheet of paper.*
4. If appointed you will be required to complete training on State of Oregon policies, including but not limited to the mandatory training on sexual harassment and discrimination prevention policies. Will you be willing to complete this training? Yes No*

**If you answer "no" to question 4, please use a separate sheet of paper to explain.*

To assist us, provide the following information:

1. Your professional background:
2. List agricultural or commercial fishing organizations you're involved with 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:

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Background, continued:

6. Previous and/or current government service:

7. ORS 576.225 requires commissions to have an “active interest in the positive development and economic growth” of Oregon’s agriculture and commercial fishing industries. Please describe your goals for your specific commodity.

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

Gender identity: _____ LGBTQ: Disability: Yes No

✓ Please print, sign and date. Return form via email (preferred) or postal mail. See information on page 1.

By signing this form, I hereby affirm that all information provided by me on this form and on any attachments 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 Oversight Program provides equal opportunity to all applicants without regard to race, color, sex, national origin, religion, age, disability or genetic information.

THIS AREA FOR ODA USE ONLY (1/21)

Program initial and date _____

Application: Incomplete

Meets qualifications: Accepted Denied

Appointed to commission

Not appointed to commission

Director’s signature and date