



Commodity Commissioner Application & Qualification Form

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

Fill out this form on your computer, print, and sign. Then scan and submit via email (or postal mail). If using an electronic signature, do not lock the PDF; ODA must be able to add signatures and dates to the PDF.

- **Email (preferred):** Commissions@oda.oregon.gov
- **Mail:** ODA Commodity Commission Oversight Program, 635 Capitol St NE, Salem, OR 97301-2532
- **Provide** information that the ODA Director will use to make her decisions. All applicable fields must be complete for your application to be considered.
- **Attach** letters/emails of support, if any.

ALL APPLICANTS - Please check here if applying for reappointment

Position number required. Available at: https://oda.direct/commissions Public position has no number.				
Commission Name	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):



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

ALL APPLICANTS

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.
5. If appointed and you meet income-level qualifications, you will be eligible to claim a stipend for each day on official commission business. Are you willing, on a separate form, to check a box to indicate whether your adjusted gross income reported during the previous tax year is less than \$50,000 (or less than \$100,000 if filing jointly)? Yes No

ALL APPLICANTS - To assist the ODA Director's decision, provide the following information; add extra pages as needed.

1. Your professional background and years of relevant work experience:
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. Type of production or processing practice and any innovative practices:

Continues on next page.



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

ALL APPLICANTS - Background, continued. Add extra pages as needed.

6. Previous and/or current government service:

7. ORS 576.225 requires commissioners 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 and why you want to volunteer to serve on this specific commission.

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, date, and scan. Return form via email (preferred) or postal mail; see 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 541-656-8951.
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 (02/22)

Program initial and date _____

Application: Incomplete

Meets qualifications: Yes No

Appointed to commission

Not appointed to commission

Director’s signature and date