



Wheat 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, 1207 NW Naito Parkway #204, Portland, OR 97209
- **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.			
OREGON WHEAT 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 that ODA 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	

Wheat or Barley Producer Applicants Only

Per ORS 578.040(2), have you been actually engaged in growing wheat or barley in Oregon for at least the previous 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please check the appropriate box(es) below to indicate in which area(s) of Oregon you reside and farm.	
<input type="checkbox"/> Umatilla, Morrow, Gilliam, Sherman, Wasco and/or Jefferson counties	
<input type="checkbox"/> County/counties east of the Cascade Mountains	<input type="checkbox"/> County/counties west of the summit of the Cascade

Wheat Handler Applicants Only

Are you an owner or an employee of a business that is engaged in the handling or processing of wheat produced in Oregon with an active interest in the positive economic development of the wheat industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Public Member Applicants Only

Are you associated with the production or handling of wheat or barley? <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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Applicant legal name	

ALL APPLICANTS

- Have you ever been convicted of any criminal offense or violation (except for minor traffic offenses?) Yes* No
- 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
- If you are appointed, is there anything in your background that might reflect poorly on the State of Oregon or on the Wheat Commission, if known publicly? Yes* No
**If you answer "yes" to any of questions 1-3, give full details on a separate sheet of paper.*
- 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.*
- 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 organizations you belong to whose central mission is relevant to wheat, your role, and number of years involved:
3. Farming, marketing, research, educational or other experiences you bring as a commissioner:
4. Tell us about production or processing practices you use and any innovative practices:
5. Previous and/or current government service:

Form continues on next page.

Add extra pages as needed.



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Legal name	

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

6. Per ORS 578.040(1), explain your “ability and disposition to serve the state’s interest” and your knowledge of the state’s natural resources. Describe your goals for wheat and barley and why you want to serve.

7. **PUBLIC MEMBERS ONLY:** Per ORS 578.040(3) describe your “active interest in the positive development and economic growth of the wheat industry.”

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)

- | | |
|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Multi/Other |
| <input type="checkbox"/> Caucasian/White | |

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 state 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:
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 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 (2/22)

Program initial and date _____

Application: Incomplete

Meets qualifications: Yes No

Appointed to commission

Not appointed to commission

Director’s signature and date