



COMMODITY COMMISSION APPLICATION & QUALIFICATION FORM

This form assists the Oregon Department of Agriculture Director and staff in evaluating the qualifications of an applicant for appointment to Oregon's agricultural commodity commissions. Please complete both pages of this form and mail or fax to:

Agricultural Development & Marketing Division
Oregon Department of Agriculture
1207 NW Naito Parkway, Suite 104
Portland, OR 97209-2832

Fax: 503-872-6601
Phone: 503-872-6600
www.oregon.gov/ODA/ADMD
kanderson@oda.state.or.us

Americans with Disabilities Act (ADA): This information is available in alternative formats. Call 503-872-6600.

All Applicants: Please complete the area below. Public members, be sure to complete the other side of this form.

Commission Name		Position #		<input type="checkbox"/> Producer	<input type="checkbox"/> Handler	<input type="checkbox"/> Public member
First Name			Last Name			
Preferred Mailing Address <input type="checkbox"/> Home <input type="checkbox"/> Business			Preferred Phone <input type="checkbox"/> Home <input type="checkbox"/> 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			
Home Port of Vessel:						
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						

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
For Processed Vegetable producers only: Please check which vegetables you produce <input type="checkbox"/> beans <input type="checkbox"/> broccoli <input type="checkbox"/> carrots <input type="checkbox"/> cauliflower <input type="checkbox"/> sweet corn <input type="checkbox"/> table beets		
Please list all producer organizations in which you have held memberships and the number of years. You may complete this section on the other side of this form or a separate sheet of paper.		
		_____ Years
		_____ Years
		_____ Years
Please explain your active interest in the positive development and economic growth of the agriculture industry in Oregon. To be considered, you must complete this section. You may use the other side of this form or a separate sheet of paper.		

Be sure to complete the other side of this form.

All Applicants: Please complete the area below.		
Commission Name	Position #	<input type="checkbox"/> Producer <input type="checkbox"/> Handler <input type="checkbox"/> Public member

Public Member: Please complete area 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:
Please list organizations in which you've been a member where you've gained experience that would be useful in serving on a commodity commission. Include how many years you've been a member of each. You may use a separate sheet of paper.	
	_____ Years
	_____ Years
	_____ Years
Please explain your active interest in the positive development and economic growth of the agriculture industry in Oregon. To be considered, you must complete this section. You may use a separate sheet of paper.	

All Applicants: Please print out and complete the area below. After signing, mail or email to the address on front.
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By signing this form, I hereby state that all information provided by me on this form is true to the best of my knowledge and I will accept appointment if selected by the ODA Director.

Signature	Date
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Department Use Only (2/15)

Accepted
 Incomplete
 Denied
 Initial and date _____