



OREGON WHEAT 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 the entire 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 areas below. Public members, be sure to complete the other side of this form.

Please mark type of **Oregon Wheat Commission** member: Producer # Handler # 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			
Business Phone		Business Fax	
Home Address			
Home Phone		Home Fax	
E-mail			
County(ies) of Business		County of Home	

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	

Wheat Producer Member: Please complete area below.

Have you been actually engaged in growing wheat in Oregon for at least five years? Yes No

Please mark in which area of Oregon you reside and have farming operations:

<input type="checkbox"/> Umatilla, Morrow, Gilliam, Sherman, Wasco or Jefferson	<input type="checkbox"/> A county or counties east of the Cascades	<input type="checkbox"/> A county or counties west of the summit of the Cascade Mountains
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Please list any organizations in which you have held memberships that illustrate your interest in Oregon and/or your knowledge of Oregon's natural resources. Be sure to list the number of years you have been a member of each. You may complete this section on the other side of this form or on a separate sheet of paper.

	Years
	Years
	Years

Please explain your ability and disposition to serve the state's interest and explain your knowledge of Oregon's natural resources. 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 print out and complete the area below. After signing, mail or email to address on front.			
Please mark type of Oregon Wheat Commission member: <input type="checkbox"/> Producer # <input type="checkbox"/> Handler # <input type="checkbox"/> Public member			

Handler Member: Please complete area below.	
Are you an owner or employee of a business that handles or processes wheat produced in Oregon? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please list business name, address, phone and your title on front side of this form.)	
Please explain your active interest in the positive economic development of the wheat industry in Oregon. To be considered, you must complete this section. You may use a separate sheet of paper.	

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 economic development of the wheat industry in Oregon. To be considered, you must complete this section. You may use a separate sheet of paper.	

All Applicants Please complete the area below.

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