



# OREGON DEPARTMENT OF AGRICULTURE

## Commodity Commission Application & Qualification Form

**Submit your complete and signed form via email or postal mail.**

- **Email:** [Commissions@oda.state.or.us](mailto:Commissions@oda.state.or.us)
- **Mail:** ODA Commodity Commission Oversight Program, 1207 NW Naito Parkway, #104, Portland OR 97209

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

### All Applicants

You must include a position number available at: <a href="https://oda.direct/commissions">https://oda.direct/commissions</a>		
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: _____		

Legal Name			
Business Name			
Occupation/Your Title		Years in this field	
<b>Provide all information below. Use the check boxes to note your preferred mailing address and phone.</b>			
<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 Members Only

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
<b>Seafood Commission applicants only:</b> Home port of vessel: _____	<b>Processed Vegetable applicants only, check vegetables grown:</b> <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 Members Only

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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### All Applicants

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

**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. Will you complete, in a timely manner, online training on State of Oregon policies, including but not limited to the mandatory training on sexual harassment and discrimination prevention policies?  Yes  No\*
- 5. The ODA Commission Oversight Program and the individual Commodity Commission offices use email to communicate. Will you respond in a timely manner to emails?  Yes  No\*
- 6. Do you agree to update your email address and other contact information with the ODA Commission Oversight Program and the individual Commodity Commission office?  Yes  No\*

***\*If you answer "no" to any of questions 4-6, 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 belong to 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:

*Continues on next page.*



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### All Applicants

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

### Background, continued:

6. Previous and/or current government service:

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7. Goals for the specific commodity industry:

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8. **As required by law**, your “active interest in the positive development and economic growth” of Oregon’s agriculture and commercial fishing industries.

**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:** \_\_\_\_\_

### Please print, sign and date. Return form via email or postal mail. See information on page 1.

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.

Legal Signature:	Date:
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 program provides equal opportunity to all applicants without regard to race, color, sex, national origin, religion, age, disability or genetic information.**

*THIS AREA FOR DEPARTMENT USE ONLY (2/19)*

Application:  Incomplete      Meets Qualifications:  Accepted     Denied      Program Initial/date: \_\_\_\_\_

Appointed to Commission     Not appointed to Commission

\_\_\_\_\_  
Director’s Signature/date