

## **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

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 <b>Oregon Wheat Commission</b> member: Producer Position # Public member  |                        |   |  |  |
| First Name  |                        | Last Name   |  |  |
| Preferred Mailing Address   | ess Pre                | eferred Phone  Home  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?  |                        |   |  |  |
| Are you currently serving on a state board or commission other than this one?   |                        |   |  |  |
|   |                        |   |  |  |
| Wheat Producer Member: Please complete area below.  |                        |   |  |  |
| Have you been actually engaged in growing wheat in Oregon for at least  Yes  No live years?   |                        |   |  |  |
| Please mark in which area of Oregon you reside and have farming operations:   |                        |   |  |  |
| ☐ Umatilla, Morrow, Gilliam, Sherman, ☐ A county or east of the   |                        | counties A county or counties west of the summit of the Cascade Mountains |  |  |
| 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. |                        |   |  |  |
| Tournay complete this section on the other side of this form of one   | a separate sneet of pr | 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.  |                        |   |  |  |
|   |                        |   |  |  |
|   |                        |   |  |  |
|   |                        |   |  |  |
|   |                        |   |  |  |
| Do ours to complete the other side of this form   |                        |   |  |  |
| Be sure to complete the other side of this form.  |                        |   |  |  |

| All Applicants Please complete the area below.  |                                 |                  |  |  |
|---|---------------------------------|------------------|--|--|
| Mark type of Wheat Commission member:   | Producer Position #             | Public           |  |  |
|   |                                 |                  |  |  |
| Public Member: Please complete area below.  |                                 |                  |  |  |
| Are you associated with the production or hand the commodity?   | dling of 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 To be considered, you must complete this section. You may use   | s a coparatio orient or papor.  |                  |  |  |
|   |                                 |                  |  |  |
|   |                                 |                  |  |  |
|   |                                 |                  |  |  |
|   |                                 |                  |  |  |
|   |                                 |                  |  |  |
|   |                                 |                  |  |  |
|   |                                 |                  |  |  |
| All Applicants -  |                                 |                  |  |  |
| 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 account appaintment if calcated by the ODA Director.     |                                 |                  |  |  |
| will accept appointment if selected by the ODA  | ЛІ <del>ССІО</del> Т.           | Data             |  |  |
| Signature   |                                 | Date             |  |  |
| Department Use Only (3/06)  Accepted Incomplete Department  | nied                            | Initial and date |  |  |