

Lake Tahoe Basin Federal Advisory Committee
(LTFAC)

NAME _____

Check the sector or sectors that you would be willing to represent. You will **only** be considered for the sector or sectors you have checked.

On the attached AD-755, you must document your qualifications for representing the sector or sectors that you have checked below.

- Gaming
- Environmental
- National Environmental
- Ski Resorts
- North Shore Economic/Recreation
- South Shore Economic/Recreation
- Resorts Associations
- Education
- Property Rights Advocates
- Science and Research
- California Local Government
- Washoe Tribe
- State of California
- State of Nevada
- Tahoe Regional Planning Agency
- Labor
- Transportation
- Nevada Local Government
- Member-at-Large
- Member-at-Large

United States Department of Agriculture
**ADVISORY COMMITTEE OR RESEARCH AND PROMOTION
 BACKGROUND INFORMATION**

[Insert the board/council name here]

Privacy Act Notice

Public Laws 95-113 and 93-579 permit collection of the data requested on this form. The information is used to determine qualifications, suitability and availability for service on advisory committees or research and promotion boards/councils. The information will be used to conduct background clearances and/or for annual reports on advisory committees or research and promotion boards/councils. Failure to submit this information may result in non-selection of a prospective advisory committee member, board/council member or termination of the committee or board/council.

PLEASE PRINT CLEARLY OR TYPE

1. Name (Last, First, Middle)	2. Social Security Number
3. Residence Address (include ZIP code)	4. Business No. Home No: FAX: e-Mail Address:
5. Place of Birth	6. Date of Birth
7. Company/Business Name	
8. Company/Business Address (include ZIP Code)	9. Occupation/Title

10. [Insert appropriate commodity question(s) from supplemental list.] To be completed by R&P Board Members Only

~~10a. If applicable, how long have you been engaged in farming or production, and what is the size of your farming operation. (i.e. List acreage and pounds produced by kind of crop, as well as, kinds and numbers of livestock?)~~

N/A

11. List your business experience.

12. List education and any specialized experience.

13. ~~List applicable farm/handler/producer/importer or co-op member industry organizations (include whether a member or officer and how long affiliated).~~

N/A

14. List other affiliations and/or service as a community leader that would benefit you in your role as a member of the advisory committee or research and promotion board/council.

15. List any Federal advisory committee or board on which you are currently a member and the number of years you have served on that committee or board. (To be completed by Advisory Committees Only)

16. List sources of income in excess of \$10,000 for the past calendar year from other than your primary employment. List only sources; do not show amounts of income from each source. (To be completed by Advisory Committees Only)

17. Have you ever been convicted of a felony? (A felony is defined as any violation of law punishable by imprisonment of longer than one year). () Yes () No. If yes, please explain on the attached continuation sheet.

18. As a result of your participation in Federal programs, have any judgments been rendered against you? As a result of participation in any governmental programs relative to the purposes of the advisory committee or research and promotion board/council for which you are a nominee, have any civil or criminal actions been initiated against you? () Yes () No. If yes, please explain on the attached continuation sheet.

19 Name as you would prefer it to appear on official correspondence. (To be completed by R&P Board Members Only)

Signature

Date

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Continuation Sheet for Form AD-755

If you need more space for an answer, use this sheet. Please number each answer to correspond to the number on Form AD-755. When you have completed your answer(s), attach to Form AD-755.

[INSERT COMMODITY BOARD, COUNCIL, OR DELEGATE NAME]

Name (Last, First, Middle) _____

Social Security Number: _____