



CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE REGISTERED SERVICE AGENCY (RSA) ADVISORY COMMITTEE PROSPECTIVE MEMBER APPOINTMENT QUESTIONNAIRE

APPLICANT PERSONAL INFORMATION

Name:	Date:
Mailing Address:	
):
E-mail:	
PROFESS	SIONAL INFORMATION
Name of Business:	
Website:	
	applying for public member position):
· ·	ve been associated with industry/trade nizations, or have related professional certifications.

ADDITIONAL INFORMATION

Chec quest	k which member position you are seeking ions.	g to fill and answer the associated
	RSA Representative Device Manufacturer Representative RSA Industry Client Representative	□ County Sealer Representative□ General Public Representative
	olying to become a representative of RSA e indicate which types of weighing or me	a, Device Manufacturer, or Industry Client, easuring devices you work with:
-	y list your credentials that you believe queory Committee:	alify you to become a member of the RSA
SIGN	ATURE:	DATE:
Mail o	or email your completed questionnaire by	December 31, 2020 to:
	California Department of Food and Agr	iculture
	Division of Measurement Standards	
	Attn: Edward Gebing	
	6790 Florin Perkins Rd, Ste 100	
	Sacramento, CA 95828	

If you have questions, please call Edward Gebing at (916) 229-3000

edward.gebing@cdfa.ca.gov