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

APPLICANT PERSONAL INFORMATION

Name:_____________________________________ Date:______________________
Mailing Address:________________________________________________________
Telephone Numbers (Office and Cell):_______________________________________
E-mail: _______________________________________________________________

PROFESSIONAL INFORMATION

Name of Business:_______________________________________________________
Website:_______________________________________________________________
Length of time in this industry (N/A if applying for public member position):___________
List names and length of time you have been associated with industry/trade associations, standards setting organizations, or have related professional certifications.

________________________________  ________________________________
________________________________  ________________________________
________________________________  ________________________________
________________________________  ________________________________
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ADDITIONAL INFORMATION

Check which member position you are seeking to fill and answer the associated questions.

☐ RSA Representative  ☐ County Sealer Representative
☐ Device Manufacturer Representative  ☐ General Public Representative
☐ RSA Industry Client Representative

If applying to become a representative of RSA, Device Manufacturer, or Industry Client, please indicate which types of weighing or measuring devices you work with:

_____________________________________________________________________________________
_____________________________________________________________________________________

Briefly list your credentials that you believe qualify you to become a member of the RSA Advisory Committee:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

SIGNATURE:_____________________________ DATE:_____________________

Mail or email your completed questionnaire by December 31, 2020 to:

California Department of Food and Agriculture
Division of Measurement Standards
Attn: Edward Gebing
6790 Florin Perkins Rd, Ste 100
Sacramento, CA 95828
edward.gebing@cdfa.ca.gov

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