



# CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE DIVISION OF MEASUREMENT STANDARDS

## REGISTERED SERVICE AGENCY (RSA) ADVISORY COMMITTEE

#### PROSPECTIVE MEMBER APPOINTMENT QUESTIONNAIRE

#### APPLICANT PERSONAL INFORMATION

Name:	Date:	
Mailing Address:		
Telephone Numbers (Office and Cell		
	FESSIONAL INFORMATION	
Name of Business:		
Website:	_	
Length of time in this industry (N/A if	applying for public member position):	
•	ave been associated with industry/trade assoc have related professional certifications.	ciations

### **ADDITIONAL INFORMATION**

Check which member position you are seeking to fill and answer the associated		
questions.		
<ul> <li>□ RSA Representative</li> <li>□ Device Manufacturer Representative</li> <li>□ RSA Industry Client Representative</li> </ul>		
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 September 30, 2023 to:		
California Department of Food and Agriculture Division of Measurement Standards Attn: RSA Advisory Committee 6790 Florin Perkins Rd, Ste 100 Sacramento, CA 95828		
If you have questions, please call the Division at (916) 229-3000 or email		

dms@cdfa.ca.gov