

State of California
DEPARTMENT OF FOOD & AGRICULTURE
Pest Exclusion/Nursery, Seed, and Cotton Program
Form 68-005 (Rev. 3/2024)

**CALIFORNIA SEED ADVISORY BOARD
PROSPECTIVE MEMBER APPOINTMENT QUESTIONNAIRE**

APPLICANT PERSONAL INFORMATION

Name: _____ Date: _____

Mailing Address: _____

Telephone Number: _____ Email: _____

PROFESSIONAL INFORMATION

Name of Company: _____

How long have you participated in this industry? _____

List names and dates of industry trade associations, and/or programs you are/and/or have been associated with:

ADDITIONAL INFORMATION

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

LABELER SELLER CONSUMER/PUBLIC MEMBER

List the kinds of seed you label/sell:

Number of seed lots annually labeled/sell: _____ Location (City& County) _____

Do you have a financial interest in the direct sales or marketing of agricultural or vegetable seeds? YES NO

If yes, please explain:

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Are you a member and/or employee of a nonprofit organization whose principal purpose is the protection of consumer health or the protection of the environment?

YES NO

Briefly list your credentials related to plant science, seed technology, or agriculture:

SIGNATURE

DATE

Mail questionnaire to:

California Department of Food and Agriculture

Seed Services Program

Attn: Nicole Hostert

1220 N Street, Sacramento, CA 95814