STATE OF CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE CERTIFIED FARMERS' MARKET PROGRAM

Certified Farmers' Market Advisory Committee Prospective Member Appointment Questionnaire

PERSONAL INFORMATION

Name:		Date:
Mailing Address:		
Telephone Number:	Fax Number:	Email:
	PROFESSIONAL INFOR	MATION
Name of Company, Market, o	r Association:	
How long have you participate	ed in this industry?	
Please list names and dates of are and/or have been associated		et associations and/or programs that you
What is your objective(s) of se	erving on this committee?	
	ADDITIONAL INFORM	ATION
Please indicate which member position you are seeking to fill and answer the associated questions.		
Certified Producer		
Certified Producer Certificate	number(s):	
List the commodities that you	produce:	

Production Acreage: _____ Location (County):

Number of Certified Farmers' Market in which you participate:

Organic? 🗌 Yes 🗌 No

Certified Farmers' Market Operator	
Certified Farmers' Market Certificate number(s):	
Number of Markets that you Operate:	
Years of Experience as a Market Operator:	
Location (County):	

Public Member

List your experience and participation in the Certified Farmers' Market industry:

The Form 700 is required to be completed annually by Committee Members once appointed to the Committee. Information necessary to file a Form 700 is located at the CDFA website at http://www.cdfa.ca.gov/Form700/ and at the California Fair Political Practices Commission (FPPC) website at http://www.cdfa.ca.gov/Form700/ and at the California Fair Political Practices Commission (FPPC) website at http://www.fppc.ca.gov/. In addition, each Member is required to complete an Ethics Orientation on-line class when appointed and then again every two years thereafter.