CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE
CALIFORNIA SEED ADVISORY BOARD

PROSPECTICE MEMBER APPOINTMENT QUESTIONARE

NAME: _____ DATE: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL: _____

PROFESSIONAL INFORMATION

NAME OF COMPANY: _____

HOW LONG HAVE YOU PARTICIPATED IN THIS INDUSTRY? _____

PLEASE LIST NAMES AND DATES OF ANY INDUSTRY, TRADE, ASSOCIATIONS AND/OR PROGRAMS THAT YOU ARE/AND OR HAVE BEEN ASSOCIATED WITH:

_____ _____

_____ _____

PLEASE LIST THE REASON(S) YOU WOULD LIKE TO SERVE ON THIS BOARD:

_____ _____

_____ _____

ADDITIONAL INFORMATION
PLEASE INDICATE WHICH MEMBER POSITION YOU ARE SEEKING TO FILL AND ANSWER THE ASSOCIATED QUESTIONS.

☐ LABELER
LIST THE KINDS OF SEED THAT YOU LABEL: _____

APPROX. No. OF SEED LOTS ANNUALLY LABELED: _____ LOCATION (CITY AND COUNTY):_____

☐ DEALER
LIST THE KINDS OF SEED THAT YOU DEAL: _____

APPROX. No. OF SEED LOTS ANNUALLY SOLD: _____ LOCATION (CITY AND COUNTY):_____

☐ CONSUMER/PUBLIC MEMBER
DO YOU HAVE A FINANCIAL INTEREST IN THE DIRECT SALES OR MARKETING OF AGRICULTURAL OR VEGETABLE SEEDS ?

☐YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

ARE YOU A MEMBER AND/OR EMPLOYEE OF A NONPROFIT ORGANIZATION WHO'S 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 DEPT. FOOD AND AGRICULTURE, SEED SERVICES PROGRAM
ATTN. JOHN HEATON 1220 N STREET, ROOM 344, SACRAMENTO, CA 95814