

Beef Council Commissioner Application & Qualification Form

DEPARTMENT OF AGRICULTURENote: This application is subject to the Public Records Act; it may be disclosed upon request. Personal information will be redacted.

Fill out this form on your computer, print, and sign. Then scan and submit via email (or postal mail). If using an electronic signature, do not lock the PDF. ODA must be able to add signatures and dates to the PDF.

- Email (preferred): Commissions@oda.oregon.gov
- Mail: ODA Commodity Commission Oversight Program, 635 Capitol St NE, Salem, OR 97301-2532
- **Provide** information that the ODA Director will use to make her decision; add extra pages as needed. All applicable fields must be complete for your application to be considered.
- Attach letters/emails of support, if any.

Position num	ber required. Available	at: https:	//oda.direct/	<u>'commissions</u> Public	position has	no number.		
Application position #	☐ Beef Producer	□ Beef	Handler	☐ Beef Feeder	□ Dairy	y Producer	□ Public	
Oregon Beef Council members Beef Producers raise, breed Dairy Producers are engage Handlers are actively engage Feeders are actively engage Public member is a person n the positive economic develo	or grow cattle or o d in the production ed in processing, s d in feeding cattle ot associated with	alves fo of fluid laughter and usu produci	r beef prod milk on a ing, handli ally operat ng, feedind	duction. dairy farm. ng or marketing ing a feedlot.		s an active	interest ir	
Applicant legal name								
Business name								
Occupation/your title			Years in this industry					
Provide all information below. ON	ILY check the boxe	s for the	mailing ad	dress and phone y	ou prefer	we use.		
☐ Business address		City		State Zip				
☐ Business phone			☐ Busines	s cell phone				
☐ Home address			City		State	Zip		
☐ Home phone			☐ Home c	ell phone				
E-mail								
County(ies)of business			County of	home				
United States Citizen? ☐ Yes ☐	No							
Are you currently serving on a sta If yes, please list:		sion othe	er than this	one? 🗆 Y	′es □ No		_	
BEEF PRODUCER, DAIRY F	RODUCER or H	IANDLI	ER APPL	ICANTS ONLY	7			
Have you been actively engaged	l as a beef or dairy	produce	r or a hand	ller for at least 5	years?	☐ Ye	es 🗌 No	
Do you derive a substantial proprelated to the position you are a					ousiness	☐ Ye	es 🗌 No	
Per ORS 577.220, please list all organizations, in which you have Add them to question #2 on the i	held memberships,							
							years	
							years	

years



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OREGON
DEPARTMENT OF
AGRICULTURE

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OREGON BEEF COUNCIL Position # □ Beef Producer □ Handler □ Feeder □ Dairy Producer □ Public
Applicant legal name
PUBLIC MEMBER APPLICANTS ONLY - Fill out section below.
Are you associated with the production or handling of the commodity? Yes No
If yes, please explain how (feel free to attach an additional page if necessary):
ALL APPLICANTS - To assist the ODA Director's decision, provide the following information: add extra pages as needed.
1. Your professional background and years of relevant work experience:
2. Continuing from the first page, list any additional agricultural organizations you belong to whose central mission is relevant to Oregon's beef industry, your role, and number of years involved:
3. Ranching, farming, marketing, research or educational experiences you bring as a commissioner:
4. Tell us about the type of production or processing practice(s) you use and any innovative practices:
5. Previous and/or current government service:
6. ORS 576.225 requires commissions to have an "active interest in the positive development of the beef industry in Oregon." Please explain your active interest and goals for Oregon's beef industry:

Form continues on next page.



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OREGON BEEF COUNCIL	Position #	_ 🗆 Beef Producer	☐ Handler	□ Feeder	□ Dairy Prod	ucer [Dublic
Applicant legal name							
I ADDI ICANTS - Dies	se answer the f	ollowina auestio	nc•				
		• •		minor traff	c offenses?)	Yes*	No
		you ever had discipl	inary action	of any natur	e taken	Yes*	No
If you are appointed, is the State of Oregon or on the	re anything in you Commission to wh	r background that n ich you have applied	night reflect d, if known pı	poorly on thublicly?	е	Yes*	No
*If you answer "yes" to a	ny of questions 1-:	3, give full details o	n a separate	sheet of pa	per.		
Will you complete, in a tim limited to the mandatory t	ely manner, online raining on sexual h	training on State of narassment and disc	f Oregon poli crimination p	cies, includi revention po	ng but not olicies?	Yes	No
*If you answer "no" to qu	estion 4, please u:	se a separate sheet	t of paper to	explain.			
for each day on official cor to indicate whether your a	nmission business djusted gross inco	. Are you willing, on me reported during	a separate fo	orm, to chec	k a box	Yes	No
nis information is optional a	nd may be used for						may not l
□ African American/Bl□ American Indian/Ala□ Asian			□ Native	Hawaiian/P	acific Islander		
•	LGBT	Q: 🗆	Disability:	□ Yes	□ No		
Please print sign date	and scan Peti	ırn form via emai	il (preferre	d) or nost:	al mail See r	nage 1	
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d I will accept appointment egal signature: rinted legal name: American with Disabilities Act The Oregon Department of Agr o race, color, sex, national orion OS AREA FOR ODA USE ONL ogram initial and date	x state that all info t if selected by the (ADA): This informat riculture's Commodi gin, religion, age, dis	e ODA director. ion is available in alter ty Commission progra	rnative format am provides e rmation.	s. Call 541-65 qual opportu	Date: 56-8951. hity to all applic	of my kr	
	L APPLICANTS - Plea Have you ever been convict If you have held a profession against you regarding such against you regarding such against you regarding such against you are appointed, is the State of Oregon or on the convict and answer "yes" to an against you complete, in a time limited to the mandatory to the will you complete, in a time limited to the mandatory to the will you answer "no" to que against you are than \$50,000 (or less than assist us in meeting affirm his information is optional and the discriminate against you acce/Ethnicity: (Select one) African American/Bla American Indian/Ala: Asian Caucasian/White ender identity:	L APPLICANTS - Please answer the fee Have you ever been convicted of any criminal of you have held a professional license, have you against you regarding such license? If you are appointed, is there anything in you state of Oregon or on the Commission to white *If you answer "yes" to any of questions 1-3. Will you complete, in a timely manner, online limited to the mandatory training on sexual he *If you answer "no" to question 4, please use of the please of	L APPLICANTS - Please answer the following question. Have you ever been convicted of any criminal offense or violation. If you have held a professional license, have you ever had disciple against you regarding such license? If you are appointed, is there anything in your background that it is state of Oregon or on the Commission to which you have applied. *If you answer "yes" to any of questions 1-3, give full details of the will you complete, in a timely manner, online training on State or limited to the mandatory training on sexual harassment and disconstituted to the mandatory training on sexual harassment and disconstituted and you meet income-level qualifications, you will be for each day on official commission business. Are you willing, on to indicate whether your adjusted gross income reported during than \$50,000 (or less than \$100,000 if filing jointly)? To assist us in meeting affirmative action objectives, we would applied to discriminate against you. To acce/Ethnicity: (Select one) African American/Black American Indian/Alaskan Native Asian Caucasian/White Ender identity: LGBTQ:	L APPLICANTS - Please answer the following questions: Have you ever been convicted of any criminal offense or violation (except for If you have held a professional license, have you ever had disciplinary action against you regarding such license? If you are appointed, is there anything in your background that might reflect State of Oregon or on the Commission to which you have applied, if known put if you answer "yes" to any of questions 1-3, give full details on a separate will you complete, in a timely manner, online training on State of Oregon poli limited to the mandatory training on sexual harassment and discrimination put if you answer "no" to question 4, please use a separate sheet of paper to lif appointed and you meet income-level qualifications, you will be eligible to go for each day on official commission business. Are you willing, on a separate for to indicate whether your adjusted gross income reported during the previous than \$50,000 (or less than \$100,000 if filing jointly)? Deasist us in meeting affirmative action objectives, we would appreciate infonis information is optional and may be used for data collection only. Under state ded to discriminate against you. Deace/Ethnicity: (Select one) African American/Black American Indian/Alaskan Native Asian Caucasian/White Ender identity: LGBTQ: Disability:	L APPLICANTS - Please answer the following questions: Have you ever been convicted of any criminal offense or violation (except for minor traffice): If you have held a professional license, have you ever had disciplinary action of any natural against you regarding such license? If you are appointed, is there anything in your background that might reflect poorly on the State of Oregon or on the Commission to which you have applied, if known publicly? *If you answer "yes" to any of questions 1-3, give full details on a separate sheet of paid will you complete, in a timely manner, online training on State of Oregon policies, including limited to the mandatory training on sexual harassment and discrimination prevention points are in the mandatory training on sexual harassment and discrimination prevention points. 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