

United States Department of Agriculture

ADVISORY COMMITTEE MEMBERSHIP BACKGROUND INFORMATION

Privacy Act Notice

Public Laws 95-113 and 93-579 permit collection of the data requested on this form. The information is used to determine qualifications, suitability and available for service on advisory committees. The information will be used to conduct background clearances and/or for annual reports on advisory committees. Failure to submit this information may result in nonselection of a prospective advisory committee member or termination of the committee.

1. Name (<i>Last, First, Middle</i>)	2. Social Security Number
3. Residence Address (<i>include ZIP Code</i>)	4. Telephone A. Home: _____ B. Office: _____ C. Fax: _____
5. Place of Birth	6. Date of Birth
7. Name of Employer	
8. Employer Address (<i>include ZIP Code</i>)	9. Your Occupation/Title
10. List your business experience	
11. List education and any specialized experience	

12. If applicable, how long have you been engaged in farming or production, and what is the size of your farming operation (i.e., list acreage and pounds produced by kind of crop, as well as kinds and numbers of livestock)?

13. List producer or farm organizations (include whether a member or officer and how long affiliated).

14. List other affiliations and/or service as a community leader that would benefit you in your role as a member of the advisory committee.

15. List any Federal advisory committee or board on which you are currently a member and the number of years you have served on that committee or board.

16. List sources of income-in excess of \$10,000-for the past calendar year from other than your primary employment. List only sources; do not show amounts of income from each source.

_____	_____
_____	_____

17. Have you ever been convicted of a felony? (A felony is defined as any violation of law punishable by imprisonment of longer than one year.) If so, please explain.

18. As a result of your participation in Federal programs, have any judgments been rendered against you? As a result of participation in any governmental programs relative to the purposes of the advisory committee for which you are a nominee, have any civil or criminal actions initiated against you? If so, please explain.

19. Signature _____ Date _____

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching for existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimated or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB No. 0505-0001), Washington, D.C. 20503.