Form – AD-755 Approved OMB No. 0505-0001 OMB Expiration Date: 5/31/2015

United States Department of Agriculture

ADVISORY COMMITTEE OR RESEARCH AND PROMOTION BACKGROUND INFORMATION

[Insert the board/council name above]

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 availability for service on advisory committees or research and promotion boards/councils. The information will be used to conduct background clearances and/or for annual reports on advisory committees or research and promotion boards/councils. Failure to submit this information may result in non-selection of a prospective advisory committee member, board/council member or termination of the committee or board/council.

	PLEASE PRINT	CLEARLY OR TYPE
1. Name (Last, First, Middle)	– Mr., Mrs., Miss., Ms., Dr.	Social Security Number: Passport Number and Issuing Country: (foreign citizens only)
3. Residence Address (include ZIP code)		4. Business No. Home No: Cell or Mobile: FAX: e-Mail Address:
5. Place of Birth		6. Date of Birth
7. This information is Volunte	ary and data will not be used to g	grant preferential treatment: (See last page for definition of categories.)
What is your gender?	Ethnicity:	What is your race? (Mark all that apply)
Male	Hispanic or Latino	American Indian or Alaska Native
Female	Not Hispanic or Latino	o Asian
		Black or African American
		Native Hawaiian or Other Pacific Islander
		White
8. Company/Business Name		
9. Company/Business Address (include ZIP Code)		9a. Occupation/Title

10. [Insert appropriate commodity question(s) from supplemental list.] (To be completed by R&P Board Members Only)

10a. If applicable, how long have you been engaged in farming or production, and what is t List acreage and pounds produced by kind of crop, as well as, kinds and numbers of li	
11. List your business experience. (Use the Continuation Sheet for additional space to ans	wer.)
12. List education and any specialized experience. (Use the Continuation Sheet for additional and any specialized experience)	nal space to answer.)
13. List applicable farm/handler/producer/importer or co-op member industry organization and how long affiliated).	ns (indicate whether a member or officer
14. List other affiliations and/or service as a community leader that would benefit you in y committee or research and promotion board/council.	our role as a member of the advisory
15. List any Federal advisory committee or board on which you are currently a member an on that committee or board. (<i>To be completed by current Advisory Committee Members Only</i>	· · · · · · · · · · · · · · · · · · ·
16. List sources of income in excess of \$10,000 for the past calendar year from other than sources; do not show amounts of income from each source. (To be completed by Advisor	
17. Have you ever been convicted of a felony? (A felony is defined as any violation of law than one year). () Yes () No. If yes, please explain on the attached continuation of the straight	
18. As a result of your participation in Federal programs, have any judgments been rendered participation in any governmental programs relative to the purposes of the advisory contour board/council for which you are a nominee, have any civil or criminal actions been initial () Yes () No. If yes, please explain on the attached continuation sheet.	mmittee or research and promotion
19. Name as you would prefer it to appear on official correspondence.	
Signature	Date

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Continuation Sheet for Form AD-755

If you need more space for an answer, use this sheet. Please number each answer to correspond to the number on Form AD-755. When you have completed your answer(s), attach to Form AD-755.

[INSERT COMMODITY BOARD, COUNCIL, OR DELEGATE NAME]

Name (Last, First, Middle)	
Social Security or Passport Number:	

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0505-0001. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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Definition of Ethnicity and Race Categories

Ethnicity:

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race:

American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.