

THE STATE OF CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE  
CALIFORNIA ORGANIC PRODUCTS ADVISORY COMMITTEE  
PROSPECTIVE MEMBER APPOINTMENT QUESTIONNAIRE

ORG – 120 (Rev 11/2020)

PERSONAL CONTACT INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROFESSIONAL INFORMATION

NAME OF Employer: \_\_\_\_\_

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: \_\_\_\_\_

QUALIFICATIONS / SEAT SELECTION

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

PRODUCER

LIST THE COMMODITIES THAT YOU PRODUCE: \_\_\_\_\_

PRODUCTION ACREAGE: \_\_\_\_\_ LOCATION (CITY AND COUNTY): \_\_\_\_\_

PROCESSOR

LIST THE COMMODITIES THAT YOU PROCESS: \_\_\_\_\_

WHOLESALE DISTRIBUTOR

PLEASE PROVIDE THE NAME OF THE WHOLESALE DISTRIBUTOR: \_\_\_\_\_

REPRESENTATIVE OF AN ACCREDITED CERTIFYING AGENCY

Name of the Accredited Certifying Agency: \_\_\_\_\_

IS THE ABOVE LISTED ACCREDITED CERTIFYING AGENCY CURRENTLY OPERATING IN CALIFORNIA? YES NO

IF NO, WHAT STATE?

CONSUMER REPRESENTATIVE

DO YOU HAVE A FINANCIAL INTEREST IN THE DIRECT SALES OR MARKETING OF THE ORGANIC INDUSTRY?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

ARE YOU A MEMBER AND/OR EMPLOYEE OF A NONPROFIT ORGANIZATION whose PRINCIPAL PURPOSE IS THE PROTECTION OF CONSUMER HEALTH OR THE PROTECTION OF THE ENVIRONMENT?  YES  NO

IF YES, PLEASE PROVIDE NAME OF THE NONPROFIT ORGANIZATION: \_\_\_\_\_

Financial Interest for this section includes compensation received as an employee or representative of a company or operation involved in the direct sales or marketing of the organic product industry.

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ENVIRONMENTAL REPRESENTATIVE

DO YOU HAVE A FINANCIAL INTEREST IN THE DIRECT SALES OR MARKETING OF the ORGANIC INDUSTRY? Yes  No

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

ARE YOU A MEMBER AND/OR EMPLOYEE OF A NONPROFIT ORGANIZATION whose PRINCIPAL PURPOSE IS THE PROTECTION OF CONSUMER HEALTH OR THE PROTECTION OF THE ENVIRONMENT?  YES  NO

IF YES, PLEASE PROVIDE NAME OF THE NONPROFIT ORGANIZATION: \_\_\_\_\_

Financial Interest for this section includes compensation received as an employee or representative of a company or operation involved in the direct sales or marketing of the organic product industry.

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TECHNICAL REPRESENTATIVE

DO YOU HAVE A FINANCIAL INTEREST IN THE PRODUCTION, HANDLING, PROCESSING, DIRECT SALES or MARKETING OF THE ORGANIC PRODUCTS INDUSTRY?

YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

LIST YOUR SCIENTIFIC CREDENTIALS RELATED TO AGRICULTURAL CHEMICALS, TOXICOLOGY, OR FOOD SCIENCE: \_\_\_\_\_

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RETAIL REPRESENTATIVE

PLEASE PROVIDE THE NAME OF THE RETAIL OPERATION: \_\_\_\_\_

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**All applicants must include a letter of recommendation from an associate in the Organic Industry.**

Please see Food and Agricultural Code § 46003(c) for further details regarding the required qualifications to serve on the California Organic Products Advisory Committee.

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/](http://www.cdfa.ca.gov/Form700/) AND AT THE CALIFORNIA FAIR POLITICAL PRACTICES COMMISSION (FPPC) WEBSITE AT [HTTP://WWW.FPPC.CA.GOV/](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.