

United States Department of Agriculture (USDA)

**ADVISORY COMMITTEE OR COMMODITY BOARD
 BACKGROUND INFORMATION**

Advisory Committee: North WI RAC

Submit application via email to SM.FS.cnnfadmin@usda.gov or mail: Laona Ranger District, Attn: Penny McLaughlin, 4978 Hwy 8 W. Laona, WI 54541

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 commodity boards. The information will be used to conduct background clearances and/or for annual reports on advisory committees or commodity boards.

Failure to complete and submit the AD-755 Advisory Committee or Commodity Background Information Form may result in non-selection of a prospective advisory committee/board member to serve on an USDA advisory committee/commodity board.

PLEASE PRINT CLEARLY OR TYPE

1. Legal Name (Last, First, Middle) Mr., Mrs., Miss., Ms., Dr. a. Name as you would prefer it to appear on official correspondence.	2. Social Security Number: Are you a U.S. Citizen? (Mark yes or no) Yes No (foreign citizens only) If no, please provide passport number, expiration date, and issuing country:
3. Residential Address (include ZIP code): a. If foreign national, have resided in U.S. for 3 years or more continuous years? Yes No	4. Business Phone: Home Phone: Mobile Phone: Fax #: E-mail Address:
5. Place of Birth (City and State, Country):	6. Date of Birth:

7. *This information is voluntary, and data will not be used to grant preferential treatment:* (See last page for definition of categories.)

Sex: Male Female
Veteran: Yes No
Disability/Impairment: Yes No

Race and/or Ethnicity: (Mark all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White

8. Company/Business Name:	8a. Are you a federally registered lobbyist? Yes No If yes, provide registrant identification #:
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9. Company/Business Address (include Zip Code):	9a. Occupation/Title:
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10. Complete appropriate commodity question(s) from supplemental list forms. (For AMS Commodity Boards Only)

- 10a. 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?)
11. List your business experience. *(Use the Continuation Sheet for additional space to answer.)*
12. List education and any specialized experience. *(Use the Continuation Sheet for additional space to answer.)*
13. List applicable farm/handler/producer/importer or co-op member industry organizations (indicate 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 or commodity board.
15. If **currently** serving on a USDA federal advisory committee or commodity board, identify the name and include the original membership term start date and term end date (XX/XX/XXXX – XX/XX/XXXX).
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. *(To be completed by Advisory Committee Nominees Only)*
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). Yes No. If yes, please explain on the attached continuation sheet.
18. As a result of your participation in Federal programs, have any judgments/liens been rendered against you? As a result of participation in any governmental programs relative to the purposes of the advisory committee or commodity board for which you are a nominee, have any civil or criminal actions been initiated against you?
Yes No. If yes, please explain on the attached continuation sheet.
19. Print Name & Sign:

Signature:

Date:

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.

Name (Last, First, Middle): _____

Last 4 digits of Social Security or Passport Number: _____

Additional space for answers (if needed):

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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

Definition of Categories

Race and Ethnicity:

American Indian or Alaska Native. Individuals with origins in any of the original peoples of North, Central, and South America, including, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, and Maya.

Asian – Individuals with origins in any of the original peoples of Central or East Asia, Southeast Asia, or South Asia, including, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese.

Black or African American – Individuals with origins in any of the Black racial groups of Africa, including, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali.

Hispanic or Latino. Includes individuals of Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, and other Central or South American or Spanish culture or origin.

Middle Eastern or North African. Individuals with origins in any of the original peoples of the Middle East or North Africa, including, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, and Israeli.

Native Hawaiian or Pacific Islander. Individuals with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands, including, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese.

White. Individuals with origins in any of the original peoples of Europe, including, for example, English, German, Irish, Italian, Polish, and Scottish.

Mark all that apply – A person having two or more origins in any race and/or ethnicity.

Individual with a Disability:

A person who (1) has a physical impairment or mental impairment (psychiatric disability) that substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, 29 U.S.C. 701 et. seq., as amended.

Veteran:

The term "veteran" means a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable. This definition is provided by 38 U.S. Code § 101 (2)

These race and ethnicity definitions are in accordance with the Office of Management and Budget (OMB) revisions to the Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity (SPD 15).