



Applicant Name \_\_\_\_\_

| <b>EMPLOYMENT HISTORY</b> |          |          |       |          |
|---------------------------|----------|----------|-------|----------|
| <b>SECTION D</b>          | Employer | Position | Dates | Location |
|                           |          |          |       |          |
|                           |          |          |       |          |
|                           |          |          |       |          |

| <b>PROFESSIONAL MEMBERSHIPS</b> |              |                |
|---------------------------------|--------------|----------------|
| <b>SECTION E</b>                | Organization | Title/Position |
|                                 |              |                |
|                                 |              |                |
|                                 |              |                |
|                                 |              |                |

| <b>REFERENCES</b> |      |          |            |           |              |
|-------------------|------|----------|------------|-----------|--------------|
| <b>SECTION F</b>  | Name | Employer | City/State | Telephone | Relationship |
|                   |      |          |            |           |              |
|                   |      |          |            |           |              |

| <b>EXPERIENCE</b> |   |
|-------------------|---|
| <b>SECTION G</b>  | <p>Please list and describe any experience you have as a member of a board; include a statement regarding why you would like to be a member of the State Seed and Plant Board. See instructions for more information.</p> |

Applicant Name \_\_\_\_\_

| SECTION H |  | MISCELLANEOUS INFORMATION   |  |
|-----------|--|---|--|
|           |  | Are you or your spouse related to a local, state, or federal public official? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|           |  | Name of Official and Title  | Relationship   |
|           |  |   |  |
|           |  |   |  |
|           |  |   |  |

| SECTION H |  | Do you or your spouse have any material interest in, or are either of you employed by, any company that does business with or receives funds from the State of Texas? |  |
|-----------|--|---|--|
|           |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|           |  | Name of Company   | Details  |
|           |  |   |  |
|           |  |   |  |

| SECTION H |  |          |  |       | Do you currently serve, or have you ever served, on any local, state or federal government board, commission or committee or in any elected or appointed office? |                         |  |                        |  |
|-----------|--|----------|--|-------|--|-------------------------|--|------------------------|--|
|           |  |          |  |       | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                         |  |                        |  |
| Entity    |  | Position |  | Dates |  | Compensated (Yes or No) |  | Reimbursed (Yes or No) |  |
|           |  |          |  |       |  |                         |  |                        |  |
|           |  |          |  |       |  |                         |  |                        |  |
|           |  |          |  |       |  |                         |  |                        |  |

| SECTION H   |  |             | Are you or your spouse an officer, director, employee or paid consultant of a trade association? |          |  |
|---|--|-------------|--|----------|--|
|   |  |             | <input type="checkbox"/> Yes <input type="checkbox"/> No   |          |  |
| Self or Spouse  |  | Association |  | Position |  |
| <input type="checkbox"/> Self <input type="checkbox"/> Spouse |  |             |  |          |  |
| <input type="checkbox"/> Self <input type="checkbox"/> Spouse |  |             |  |          |  |
| <input type="checkbox"/> Self <input type="checkbox"/> Spouse |  |             |  |          |  |

Applicant Name \_\_\_\_\_

| In the last five years, have you, or any company in which you have a material interest, been licensed by a Texas state agency? If yes, provide details. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> |                 |           |            |
|---|-----------------|-----------|------------|
| Agency  | Type of License | License # | Expiration |
|   |                 |           |            |
|   |                 |           |            |
|   |                 |           |            |

| To the best of your knowledge, has any federal, state or local law enforcement or regulatory agency (on behalf of itself or any other person or entity) filed or investigated any grievance or complaint against you, your spouse, or an entity in which you have a material interest? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span><br>If yes, provide details and disposition (investigated, dismissed, reprimanded). |      |                         |
|---|------|-------------------------|
| Agency  | Date | Details and Disposition |
|   |      |                         |
|   |      |                         |
|   |      |                         |

| To the best of your knowledge, have you, your spouse, or any company in which you have a material interest been investigated, reprimanded, fined or suspended from doing business with any state or federal agency? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span><br>If yes, provide details and disposition (investigated, dismissed, reprimanded). |      |                         |
|--|------|-------------------------|
| Agency   | Date | Details and Disposition |
|  |      |                         |
|  |      |                         |
|  |      |                         |

|   |
|---|
| Have you ever been delinquent in child support payments? If yes, provide details. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No<br/><input type="checkbox"/> Not Applicable</span> |
|   |

|  |
|--|
| Has your driver license ever been suspended? If yes, give details. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> |
|  |

Applicant Name \_\_\_\_\_

|                                |  |                                    |
|--------------------------------|--|------------------------------------|
| <b>CERTIFICATION STATEMENT</b> |  |                                    |
| <b>SECTION I</b>               | <p>I hereby certify that all the information provided in connection with this application is true and correct to the best of my knowledge and agree that any misrepresentation or false statement made in connection with this application will be grounds for disqualification of my application from consideration to serve on the State Seed and Plant Board.</p> <p>I further certified that:</p> <p>I am able to attend regularly scheduled board meetings; and<br/>                     I am able to comply with the training requirements for all board members.</p> <p>I am not required to register as a lobbyist under Chapter 105 of the Government Code because of my activities for compensation on behalf of a profession related to the operation of the Texas Department of Agriculture.</p> <p>I authorize the Texas Department of Agriculture to conduct a background investigation in relation to this application.</p> |                                    |
|                                | <b>SIGNATURE</b>   |                                    |
|                                | Applicant Name (print)   |                                    |
|                                | Applicant Signature  | Date     /     /<br>month day year |

**INSTRUCTIONS FOR  
APPLICATION FOR STATE SEED AND PLANT BOARD**

**SECTION A**

**Applicant Information**

A date of birth is required and will be used for the background check that is required to serve on the Board. Enter the full legal name, mailing address and primary telephone number.

**SECTION B**

**Qualifications Verification**

Indicate on the application which category you are applying under and explain how you qualify. An additional page may be attached if needed.

The State Seed and Plant Board is composed of six members. Membership includes:

- one individual, appointed by the president of Texas A&M University, from the Soils and Crop Sciences Department, Texas Agricultural Experiment Station, Texas A&M University;
- one individual, appointed by the president of Texas Tech University, from the Department of Plant and Soil Sciences, Texas Tech University;
- one individual, appointed by the commissioner, licensed as a Texas Foundation, Registered, or Certified seed or plant producer who is not employed by a public institution;
- one individual, appointed by the commissioner, who sells Texas Foundation, Registered, or Certified seed or plants;
- one individual, appointed by the commissioner, actively engaged in farming but not a producer or seller of Texas Foundation, Registered, or Certified seed or plants; and
- the head of the seed division of the Texas Department of Agriculture.

**Education/Training**

List name and location, year graduated and field of study for each type of school completed

**SECTION C**

**Employment Information**

List the full legal business name of where you are employed, phone number, address, city, state, zip and county. List your current job title and job description.

**SECTION D**

**Employment History**

List previous employer(s), position(s), beginning and ending date of employment and location(s)

**SECTION E**

**Professional Memberships**

List organization(s) names of any professional membership(s) you belong to, along with your title/position.

**SECTION F**

**References**

List three (3) references - List their names, employer, city/state, telephone and relationship to you.

## **SECTION G**

### **Experience**

Describe any experience you have as a member of a board, include a statement why you would like to be a member of the State Seed and Plant Board.

## **SECTION H**

### **Miscellaneous Information**

All questions must be completed and details provided, as applicable.

## **SECTION I**

### **Certification Statement**

Please read the certification statement carefully, and sign and date the application.

Mail to:

Texas Department of Agriculture

Seed Quality Program

P.O. Box 12847

Austin, TX 78711-2847

or

Fax to: 888-205-7224

or

Email to: [AgConsumerProtection@TexasAgriculture.gov](mailto:AgConsumerProtection@TexasAgriculture.gov)