



P.O. Box 12076 Austin, Texas 78711 ♦ (800) 835-5832 ♦ (512) 463-7476 ♦  
 Hearing impaired: (800) 735-2988 voice ♦ www.TexasAgriculture.gov

## Texas Department of Agriculture

### *Application for Produce Recovery Fund Board Member*

COMMISSIONER SID MILLER

SECTION A	<b>APPLICANT INFORMATION</b>				
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____				
	First Name		M. I.	Last Name	
	Primary Phone (   )   -   Ext.		Secondary Phone (optional) (   )   -   Ext.		
	E-mail		Birth Date (required)                    /   /		
			month   day   year		
<b>MAILING ADDRESS</b>					
Address					
City		State	Zip	County	

SECTION B	<b>QUALIFICATIONS VERIFICATION</b>			
	Please indicate under which category you are applying.			
	<input type="checkbox"/> individual who is a producer of Texas-grown perishable commodities;			
	<input type="checkbox"/> individual who is a Handling & Marketing of Perishable Commodities (HMPC) license holder under Chapter 101; or			
	<input type="checkbox"/> individual who is a member of the general public.			

<b>EDUCATION/TRAINING</b>			
Type of School	Name and Location of School	Year Graduated	Field of Study
High School			
Undergraduate			
Graduate			
Other			

SECTION C	<b>EMPLOYMENT INFORMATION</b>			
	Full Legal Business Name (Headquarters)		Phone	
			(   )   -   Ext.	
	Address			
	City	State	Zip	County
	Present Job Title			
Present Job Description				

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

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

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

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

<b>EXPERIENCE</b>	
SECTION G	<p>Please list and describe any experience you have as a member of a board; and explain how you qualify. Include a statement regarding why you would like to be a member of the Produce Recovery Fund Board. See instructions for more information. (attach additional page if necessary)</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

		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

					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)		

			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> 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> 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 <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>SECTION I</b>	<b>CERTIFICATION STATEMENT</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 Produce Recovery Fund Board.</p>	
	<p>I further certify that:</p>	
	<p>I am able to attend regularly scheduled board meetings; and                  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     /     / month day year	

**INSTRUCTIONS FOR  
APPLICATION FOR PRODUCE RECOVERY FUND 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.

The Produce Recovery Fund Board is composed of five members. Membership includes:  
two individuals, appointed by the commissioner, who produce Texas-grown perishable commodities;  
one individual, appointed by the commissioner, who is a Handling & Marketing of Perishable Commodities (HMPC) license holder under Chapter 101; and  
two individuals, appointed by the commissioner, who are members of the general public.

**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; and explain how you qualify. Include a statement regarding why you would like to be a member of the Produce Recovery Fund Board. (attach additional page if necessary)

## **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

Handling & Marketing of Perishable Commodities (HMPC) Program

P.O. Box 12847

Austin, TX 78711-2847

or

Fax to: 888-205-7224

or

Email to:

AgCommodities@TexasAgriculture.gov