KIWIFRUIT ADMINISTRATIVE COMMITTEE OFFICIAL NOMINATION FORM DISTRICT

For your information, listed below are the incumbent Kiwifruit Administrative Committee (KAC) members for this district:

Incumbent Member: Incumbent Name

Incumbent Alternate Member: Incumbent Name

We ask that you be mindful of the Department's policy regarding Equal Employment Opportunity and Civil Rights and consider eligible women, minorities, and the physically challenged for membership on the Committee.

If you want to nominate a grower, or their employee, and are unsure if they qualify in your district, please call our office at (559) 638-5951. Nomination forms must be postmarked no later than ______.

PLEASE PRINT THE NAME OF YOUR NOMINEE(S) IN THE SPACE PROVIDED BELOW. TO BE ELIGIBLE TO SERVE ON THE KAC, A NOMINEE MUST CURRENTLY BE PRODUCING KIWIFRUIT FOR MARKET, OR AN EMPLOYEE OF A CURRENT PRODUCER. ALL QUALIFIED NOMINEES FOR EACH POSITION WILL APPEAR ON THE FORTHCOMING BALLOT TO BE MAILED TO ALL KIWIFRUIT GROWERS, RESPECTIVE OF DISTRICTS.

	MEMBER NOMINEE:
	NAME
	ALTERNATE MEMBER NOMINEE:
	NAME
NI i 4 - ul	
Nominator	s Comments: (use reverse side of form if more space is required)
NOMINAT	S Comments: (use reverse side of form if more space is required) OR'S CERTIFICATION STATEMENT: I certify that I am currently a kiwifruit grower and that to the best of my, the above nominees are currently kiwifruit growers or employees of growers in this district.
NOMINAT	OR'S CERTIFICATION STATEMENT: I certify that I am currently a kiwifruit grower and that to the best of my, the above nominees are currently kiwifruit growers or employees of growers in this district.
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PLEASE COMPLETE THE NOMINATION FORM AND RETURN IT IN THE ENCLOSED PRE-ADDRESSED ENVELOPE TO THE KAC. INCOMPLETE FORMS OR FORMS POSTMARKED LATER THAN _____ MAY BE INVALIDATED. PLEASE CALL THE KAC AT (559) 638-5951 IF YOU HAVE ANY QUESTIONS.

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 0581-0189. The time required to complete this information collection is estimated to average 10 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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DISTRICT CANDIDATES STATEMENTS

	Candidate Name,	Member	Candidate,	Seat 1
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(Statement)

Candidate Name, Alternate Member Candidate, Seat 1

(Statement)

Candidate Name, Member Candidate, Seat 2

(Statement)

Candidate Name, Alternate Member Candidate, Seat 2

(Statement)