	SHELLER NOMINATION POSED CANDIDATE TO BE ECAN COUNCIL SHELLER	INCLUDED ON T	
Each region shall be represented by two shandling more than 12.5 million pounds of than or equal to 12.5 million pounds of in be listed in the nomination ballot sent to a	f inshell pecans. The other will shell pecans in the year preceding	be allocated to a she	ller producing less
Eastern Region consists of: Alabama, Flor Central Region consists of: Arkansas, Kar Western Region consists of: Arizona, Cali	nsas, Louisiana, Mississippi, Mi		exas
If a sheller is engaged in handling in more shelled the largest volume in the preceding		hall nominate in the r	region in which they
The undersigned are eligible to propose no (Order), and hereby petition the American			
NAME OF SHELLER NOMINEE (as s	should appear on the ballot)	EMAIL	PHONE
ADDRESS	CITY	STATE	ZIP CODE
as a candidate for the position of Sheller Moffice as set forth in the Order.	Member to represent the	Region for the _	term of
SHELLER'S NAME (print clearly)	SIGNATURE*	ADDRESS	S/PHONE/EMAIL
(nominator)			
(supporter)			
(supporter)			

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 OMB 0581-NEW The time required to complete this information collection is estimated to average 20 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.

^{*}Signature certifies that I (or my business entity) shell more than 1 million pounds of inshell pecans during the previous year in the region of which I am nominating or supporting a nomination.

REPRODUCE LOCALLY. Include form number and date of	on all reproductions.	OMB No. 0581-NEW
THIS PETITION MUST BE RECEIVED NO LATI	ER THANE VALID.	, 20 IN ORDER
Please mail the completed form to	or email to	

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, gender identity (including gender expression), sexual orientation, 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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. 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 http://www.ascr.usda.gov/complaint_filing_cust.html 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 Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.