

American Pecan Council

**SHELLER NOMINATION FORM
PROPOSED CANDIDATE TO BE INCLUDED ON THE
AMERICAN PECAN COUNCIL SHELLER NOMINATION BALLOT**

Each region shall be represented by two sheller seats on the Council. One seat shall be allocated to a sheller handling more than 12.5 million pounds of inshell pecans. The other will be allocated to a sheller producing less than or equal to 12.5 million pounds of inshell pecans in the year preceding nomination. Proposed candidates will be listed in the nomination ballot sent to all shellers.

Eastern Region consists of: Alabama, Florida, Georgia, North Carolina, South Carolina
 Central Region consists of: Arkansas, Kansas, Louisiana, Mississippi, Missouri, Oklahoma, Texas
 Western Region consists of: Arizona, California, New Mexico

If a sheller is engaged in handling in more than one region, such sheller shall nominate in the region in which they shelled the largest volume in the preceding fiscal year.

The undersigned are eligible to propose nominations pursuant to section 986.46 of Marketing Order No. 986 (Order), and hereby petition the American Pecan Council (Council) to include on the nominating ballot the name of:

NAME OF SHELLER NOMINEE (as should appear on the ballot) EMAIL PHONE

ADDRESS CITY STATE ZIP CODE

as a candidate for the position of Sheller Member to represent the _____ Region for the ____ - ____ term of office as set forth in the Order.

Sheller nominee handled (shelled) more than 12.5 million pounds of inshell pecans in the preceeding year or less than or equal to 12.5 million pounds of inshell pecan in the preceding year (check one).

SHELLER'S NAME (print clearly)	SIGNATURE*	ADDRESS/PHONE/EMAIL
(nominator)		
(supporter)		

***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.**

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 0581-0291. 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.

**THIS PETITION MUST BE RECEIVED NO LATER THAN _____, 20__ IN ORDER
TO BE VALID.**

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.