

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 0581-0093. The time required to complete this information collection is estimated to average 30 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.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

U.S. DEPARTMENT OF AGRICULTURE
 AGRICULTURAL MARKETING SERVICE

**NOMINATION OF PORK PRODUCERS OR IMPORTERS FOR APPOINTMENT
 TO THE NATIONAL PORK PRODUCERS DELEGATE BODY**

Pursuant to the Pork Promotion, Research, and Consumer Information Act of 1985, the following names of pork producers are submitted as nominees for appointment to the National Pork Producers Delegate Body as representatives of the State indicated. Nominations by individual producers or importers must be accompanied by a written petition as required by the Act.

1. STATE/UNIT

2. NAMES(S) OF NOMINEE(S)

(List name(s) for each allotted position on the Delegate Body)

IF MORE SPACE IS NEEDED, USE ADDITIONAL FORMS.

3. IDENTIFICATION OF PERSON AND ORGANIZATION/ASSOCIATION SUBMITTING THESE NOMINATIONS

A. NAME AND ADDRESS OF ORGANIZATION/ASSOCIATION (or Name & Address of individual if NOT representing an organization) (Type or Print)

B. NAME AND TITLE OF ORGANIZATIONAL REPRESENTATIVE (Type or Print)

TELEPHONE NO AND AREA CODE

FACSIMILE NO AND AREA CODE

SIGNATURE (Organizational Representative OR Individual Submission)

DATE

E-MAIL ADDRESS (name@provider.com)

RETURN FORM AND BIOGRAPHICAL DATA FORMS (AD-755) TO:

National Pork Board
 1776 NW 114th Street
 Clive, Iowa 50325