

**NATIONAL MANGO BOARD (7 CFR 1206)  
DOMESTIC PRODUCER NOMINATION BALLOT**

The nominees listed on this ballot are seeking a seat on the National Mango Board (NMB). As a domestic producer, you are asked to vote for xxx candidates. The individual receiving the highest vote total will be considered the first choice of the industry for the vacant position and the next one will be considered the second choice for the position. Please mark your selection and completely fill in the information requested.

**Email or fax this ballot in time for it to be received by NMB on or before \_\_\_\_\_ XX, 20XX.  
Submissions received after this date will not be counted.**

**NATIONAL MANGO BOARD**  
Street  
City, State, Zip Code  
Email: xxxx  
Telephone No. (XXX) XXX-XXXX

Please select XXX names from the list of nominees:

- XXX
- XXX
- XXX
- XXX

**Certification Statement:**

I certify that I produced mangos at the location listed below during the 12-month period of January 1, 20XX, through December 31, 20XX.

*(Please type or print)*

Company/Business Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DIVERSITY STATEMENT**

NMB encourages industry members without regard to race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, size of business/operation, and marital or family status or other basis protected by U.S. law to participate in NMB activities and seek a position on the NMB.

(Continued on Back Page)

*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 15 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.*

*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](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](mailto:program.intake@usda.gov).*

*USDA is an equal opportunity provider, employer, and lender.*