

United States Department of Agriculture (USDA)  
**ADVISORY COMMITTEE OR RESEARCH AND PROMOTION  
 BACKGROUND INFORMATION**

**Advisory Committee/  
 Commodity Board Name:**

**Privacy Act Notice**

Public Laws 95-113 and 93-579 permit collection of the data requested on this form. The information is used to determine qualifications, suitability and availability for service on advisory committees or research and promotion boards/councils. The information will be used to conduct background clearances and/or for annual reports on advisory committees or research and promotion boards/councils.

**Failure to complete and submit the AD-755 Advisory Committee or Research and Promotion Background Information Form may result in non-selection of a prospective advisory committee/board member to serve on an USDA advisory committee/commodity board.**

**PLEASE PRINT CLEARLY OR TYPE**

|  |   |
|--|---|
| 1. Legal Name (Last, First, Middle) Mr., Mrs., Miss., Ms., Dr.<br><br>1a. Name as you would prefer it to appear on official correspondence.            | 2. Social Security Number:<br><br>Are you a U.S. Citizen? (Mark yes or no) ____ (yes) ____ (no)<br>(foreign citizens only) If no, please provide passport number, expiration date, and issuing country: |
| 3. Residential Address (include ZIP code):<br><br>3a. If foreign national, have resided in U.S. for 3 years or more continuous years?      Yes      No | 4. Business Phone:<br><br>Home Phone:<br><br>Mobile Phone:<br><br>Fax #:<br><br>E-mail Address:   |
| 5. Place of Birth (City and State, Country):   | 6. Date of Birth:   |

7. *This information is voluntary, and data will not be used to grant preferential treatment: (See last page for definition of categories.)*

|                  |  |  |
|------------------|--|--|
| <b>Sex:</b>      | <b>Ethnicity:</b>                            | <b>Race: (Mark one or more)</b>  |
| Male      Female | Hispanic or Latino<br>Not Hispanic or Latino | American Indian or Alaska Native<br>Asian<br>Black or African American<br>Native Hawaiian or Other Pacific Islander<br>White |
| <b>Veteran:</b>  | <b>Disability/Impairment:</b>                |  |
| Yes      No      | Yes      No                                  |  |

|   |   |
|---|---|
| 8. Company/Business Name:                       | 8a. Are you a federally registered lobbyist?      Yes      No<br>If yes, provide registrant identification #: |
| 9. Company/Business Address (include Zip Code): | 9a. Occupation/Title:   |

10. Complete appropriate commodity question(s) from supplemental list forms. *(For AMS Commodity Boards Only)*

*Placeholder for Hyperlink to:* AD-755 Supplemental List Form for AMS Research & Promotion Board Candidates Only

*Placeholder for Hyperlink to:* AD-755 Supplemental List Form for AMS Marketing Order Board Candidates Only

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10a. If applicable, how long have you been engaged in farming or production, and what is the size of your farming operation. (i.e. List acreage and pounds produced by kind of crop, as well as, kinds and numbers of livestock?)

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11. List your business experience. *(Use the Continuation Sheet for additional space to answer.)*

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12. List education and any specialized experience. *(Use the Continuation Sheet for additional space to answer.)*

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13. List applicable farm/handler/producer/importer or co-op member industry organizations (indicate whether a member or officer and how long affiliated).

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14. List other affiliations and/or service as a community leader that would benefit you in your role as a member of the advisory committee or research and promotion board/council.

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15. If **currently** serving on a USDA federal advisory committee, council, or board, identify the name and include the original membership term start date and term end date (XXXX/XX/XXXX – XXXX/XX/XXXX).

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16. List sources of income in excess of \$10,000 for the past calendar year from other than your primary employment. List only sources; do not show amounts of income from each source. *(To be completed by Advisory Committee Nominees Only)*

\_\_\_\_\_  
\_\_\_\_\_

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17. Have you ever been convicted of a felony? (A felony is defined as any violation of law punishable by imprisonment of longer than one year).      Yes      No.    If yes, please explain on the attached continuation sheet.

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18. As a result of your participation in Federal programs, have any judgments/liens been rendered against you? As a result of participation in any governmental programs relative to the purposes of the advisory committee or research and promotion board/council for which you are a nominee, have any civil or criminal actions been initiated against you?  
Yes      No.    If yes, please explain on the attached continuation sheet.

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19. Print Name & Sign:

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Signature:

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Date:

**Continuation Sheet for Form AD-755**

If you need more space for an answer, use this sheet. Please number each answer to correspond to the number on Form AD-755. When you have completed your answer(s), attach to Form AD-755.

[INSERT ADVISORY COMMITTEE/COMMODITY BOARD NAME]

Name (Last, First, Middle): \_\_\_\_\_

Last 4 digits of Social Security or Passport Number: \_\_\_\_\_

Additional space for answers (if needed):

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 0505-0001. 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.

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## Definition of Categories

### **Ethnicity:**

*Hispanic or Latino.* A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

### **Race:**

*American Indian or Alaska Native* – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

*Asian* – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

*Black or African American* – A person having origins in any of the black racial groups of Africa.

*Native Hawaiian or Other Pacific Islander* – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

*White* – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

*Two or more* – A person having two or more origins in any race.

### **Individual with a Disability:**

A person who (1) has a physical impairment or mental impairment (psychiatric disability) that substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, 29 U.S.C. 701 et. seq., as amended.

### **Veteran:**

The term "veteran" means a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable, This definition is provided by 38 U.S. Code § 101 (2).