United States Department of Agriculture

Form Approved OMB No. 0505-0001

OMB Expiration Date: 5/31/2015

ADVISORY COMMITTEE OR RESEARCH AND PROMOTION BACKGROUND INFORMATION

Lamb Promotion, Research, and Information Board

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 submit this information may result in non-selection of a prospective advisory committee member, board/council member or termination of the committee or board/council.

PLEASE PRINT CLEARLY OR TYPE		
1. Name (Last, First, Middle) – Mr., Mrs., Miss., Ms., Dr.	Social Security Number: Passport Number and Issuing Country: (foreign citizens only)	
3. Residence Address (include ZIP code)	4. Business No. Home No: Cell or Mobile: FAX: e-Mail Address:	
5. Place of Birth	6. Date of Birth	
7. This information is Voluntary and data will not be used to g What is your gender? Ethnicity: Male Hispanic or Latino Female Not Hispanic or Latino 8. Company/Business Name	What is your race? (Mark all that apply) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White	
9. Company/Business Address (include ZIP Code)	9a. Occupation/Title	
10. List segment of the sheep industry in which you are engage	d such as production, feeding or packing.	
How long have you been involved in the sheep industry?		

Describe your operation including the number of sheep currently owned or processed annually.

To Be Completed by Public Member	
(a) Have you ever produced, handled or imported this commodity? If yes, please explain on the attached continuation sheet.	() YES () NO
(b) Do you have a financial interest in this commodity? If yes, please explain on the attached continuation sheet.	() YES () NO
10a. If applicable, how long have you been engaged in farming or production, and values acreage and pounds produced by kind of crop, as well as, kinds and numbers.	
11. List your business experience. (Use the Continuation Sheet for additional space	re to answer.)
12. List education and any specialized experience. (Use the Continuation Sheet for	additional space to answer.)
13. List applicable farm/handler/producer/importer or co-op member industry orga and how long affiliated).	unizations (indicate whether a member or officer
14. List other affiliations and/or service as a community leader that would benefit y committee or research and promotion board/council.	you in your role as a member of the advisory
15. List any Federal advisory committee or board on which you are currently a men on that committee or board. (<i>To be completed by current Advisory Committee Memberon and Committee Me</i>	
16. List sources of income in excess of \$10,000 for the past calendar year from oth sources; do not show amounts of income from each source. (<i>To be completed by</i>	
17. Have you ever been convicted of a felony? (A felony is defined as any violation than one year). () Yes () No. If yes, please explain on the attached	

18. As a result of your participation in Federal programs, have any judgments been render participation in any governmental programs relative to the purposes of the advisory comboard/council for which you are a nominee, have any civil or criminal actions been into () Yes () No. If yes, please explain on the attached continuation sheet.	ommittee or research and promotion
19. Name as you would prefer it to appear on official correspondence.	
Signature	Date

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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 COMMODITY BOARD, COUNCIL, OR DELEGATE NAME]

Name (Last, First, Middle)	
Social Security or Passport Number:	

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 Ethnicity and Race Categories

Ethnicity:

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.