

STATE OF CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE PEST EXCLUSION, NURSERY SERVICES PROGRAM 64-003



CDFA NURSERY ADVISORY BOARD

PROSPECTIVE VOTING MEMBER APPOINTMENT QUESTIONNAIRE Email resume and questionnaire to: nurseryservices@cdfa.ca.gov

	APPLICANT PERSONAL INFORMATION	
Name:	Date:	
Mailing Address:		
	Email:	
	PROFESSIONAL INFORMATION	
Name of Company (include Nursery License	e #):	
Location (City and County):		
How long have you participated in this indus	stry?	
List names and dates of industry, trade, asso	ciations, and/or programs you are/andor have beer	associated with:
Please state the reason(s) you would like to s	serve on this Board (indicate any areas of individua	l specialty and/or experience):
	ADDITIONAL INFORMATION	
What type of business are you involved wit	th (check all that apply):	
List the kinds of nursery stock that you hav	e financial interest in (check all that apply):	

□ Annuals/Perennials

□ Cut Flowers (production & □ Retailers (large & small business) wholesale)
□ Sub-Tropical (e.g. citrus, avocado)
□ Strawberry
□ Landscapers (must be licensed to sell
□ Other (list kinds):

nursery stock)

□ Indoor Foliage Plants

□ Turf/Sod

□ IAB Assessed Nursery Stock (grapevine, fruit & nut trees, olives)

Approximate acreage or number of units within California (circle one):

□ General Ornamentals