DEPARTMENT OF AGRICULTURE

CANDIDATE CERTIFICATION

[2027]

I, _____, as a candidate for election to the board of the

_____ Council, certify

and affirm that I meet the following qualifications for membership on the Council as required by Minnesota Statutes, sections 17.54 and 17.53 subd. 13 (2000):

1. I am at least 18 years of age;
2. I am a producer of the agricultural commodity for which this election is being held;
3. I share(d) directly in the risk of loss from the production of this agricultural commodity during the current or preceding marketing year; and
4. I meet the qualifications for a producer set forth in the promotional order.

I understand that, in the event I cease to have any of the above qualifications, my council position will be deemed vacant and the Council will fill the vacancy for the remainder of my term.

_____
Signature

_____
County

_____
Date

Please scan and e-mail a copy to the Council

In accordance with the Americans with Disabilities Act, this information is available in alternative forms of communication upon request by calling 651/201-6000. TTY users can call the Minnesota Relay Service at 711 or 1-800-627-3529. The MDA is an equal opportunity employer and provider.