

**NOMINATION FOR APPOINTMENT TO THE CHRISTMAS TREE PROMOTION BOARD**  
**CHRISTMAS TREE PROMOTION, RESEARCH AND INFORMATION ORDER**  
**(7 CFR PART 1214)**

The information on this form is required to nominate a person to serve on the Christmas Tree Promotion Board (CTPB). Nominees must meet eligibility requirements as described in §§ 1214.40 and 1214.41 of the Order. Nominees must also domestically cut and sell or import more than 500 Christmas trees during the fiscal period. Producers who cut and sell Christmas trees in more than one region may seek nomination in only one region of their choice. The regions are as follows: Western Region, Central Region, Eastern Region or Importer.

**Nominee**

Nominee Name		Region	
Nominee Address:			
Nominee City/State/Zip Code:			
Nominee Email			

**Person Submitting Nomination**

First and Last Name		Phone	
Company Name			
Address:			
City/State/Zip Code:			
Email			
Tax ID /Bus #		Importer ID #	
<b>Signature</b>		<b>Date</b>	

**Return this Form to:**

Christmas Tree Promotion Board  
P.O. Box 306403  
Nashville, TN 37230  
Phone (800) 985-0773  
Email [info@realchristmastreeboard.org](mailto:info@realchristmastreeboard.org)

*See reverse for burden/non-discrimination statement*

**NOTE:** The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 522a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting this information to be supplied on this form is the Commodity Promotion, Research, and Information Act of 1996, Pub. L. 104-127, 110 Stat. 1032 (7 U.S.C. 7411-7425). Furnishing the requested information is necessary for the administration of this program. Submission of Tax Identification Number (TIN) or Business Identification Number is mandatory, and will be used to determine affiliation or entity identification.

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 0581-0268. 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.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, 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).

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