



APPLICATION FOR SERVING AS A MEMBER ON THE SAN DIEGO COUNTY AIR POLLUTION CONTROL DISTRICT HEARING BOARD

INSTRUCTIONS: Please complete this form in its entirety. Note the additional requirements listed on the third page.

Please note that this application is a public record subject to disclosure. This application will be maintained for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Air Pollution Control District Hearing Board at APCDPublicComment@sdcounty.ca.gov or, you may send your application to 10124 Old Grove Road, San Diego, CA 92131

Last Name	First Name
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The APCD Hearing Board meets at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Currently the Hearing Board meets on Thursdays at 9:00 a.m. (this is subject to change). Will you be able to schedule your time accordingly?

Yes No

Have you ever been affiliated with an entity that is regulated by the Air Pollution Control District?

Yes No

If yes, please list them here:

What area of expertise are you seeking to represent on the APCD Hearing Board? At this time, the APCD is accepting applications for the Medical Professional position, and alternate, and one Public Member, and an alternate. The Medical Professional must have specialized skills, training or interests in the fields of environmental medicine, community medicine, or occupational/toxicologic medicine.

Please summarize your experience that demonstrates your interest and proven ability in the field of air pollution control and your understanding of the needs of the general public in connection with the air pollution problems of the County of San Diego.

STATEMENT OF OCCUPATIONAL EXPERIENCE

<i>Current Employer</i>		
<i>Job Title</i>		<i>Dates of Employment</i>

Previous Employers	Position Title	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List past County appointments with dates served, and other past or present community or public service appointments.

<i>Committee/Organization Name</i>	<i>Dates Served</i>
_____	_____
_____	_____
_____	_____
_____	_____

Membership qualifications for the APCD Hearing Board are as follows:

Candidates for the Air Pollution Control District Hearing Board, are required to submit evidence of their qualifications and a *Statement of Incompatible Activities Related to County Duties (Form 519)*, that can be found on the San Diego County Air Pollution Control District's website at: www.sdapcd.org. This Application will be considered complete when such requirements are provided by the applicant. Candidates may also be asked to provide additional information.

Membership qualifications for Hearing Board Members may be accessed through the San Diego County Air Pollution Control District's website at: www.sdapcd.org or by calling (858) 586 -2739.

Note: Hearing Board Members will be appointed by the San Diego County Air Pollution Control Hearing Board. Each Member will serve a three-year term and are entitled to receive compensation for participation on the Hearing Board.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

Applicant's Name

Applicant's Signature

Date

CONTACT INFORMATION

<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
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Note: Personal information may be withheld from public view as allowed by law.

<hr/> <i>Home Street Address</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Mailing Address (if different than home address)</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Business Street Address</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Home Phone #</i>	<hr/> <i>Business Phone #</i>		
<hr/> <i>Mobile Phone #</i>			
<hr/> <i>E-Mail Address (email will be the main form of contact regarding your application & the interview process.)</i>			