APPLICATION FOR HEARING BOARD

air pollution control district
SANTA BARBARA COUNTY

Clerk of the APCD Board
260 San Antonio Road, Suite A
Santa Barbara, CA 93110-1315

(805) 979-8050 www.ourair.org

Instructions:

1. Read the public notice to determine if you meet the qualifications for the position.
2. An original application must be timely filed for each position.
3. Please type or print in blue or black ink.
4. Answer all questions accurately and completely. Incomplete applications may be disqualified. If additional space is needed, attach a sheet of paper.
5. Resumes are viewed as additional information and not in lieu of a completed application.
6. This application shall be maintained for a period of one year only.

Date Received:

Please indicate the Hearing Board category (or categories) for which you are applying:

☐ Attorney Member ☐ Medical Profession Member ☐ Engineer Member ☐ Public Member

NAME _____
Last First Middle

ADDRESS _____
Street City Zip Code

CELL PHONE _____ EMAIL _____

BUS. PHONE _____ HOME PHONE _____

Are you or have you been employed by the SBCAPCD? ☐ Yes ☐ No
Department: _____
Title: _____ Dates: _____

Are you related to any SBCAPCD employee? ☐ Yes ☐ No
Name of Relative: _____
Relationship: _____ Department: _____

The APCD Hearing Board hears and renders decisions on matters of a technical nature involving air quality. Please describe any technical experience, training, or education you have that directly relates to air quality and how it has prepared you to be an effective Hearing Board member.

Please explain why you are interested in serving on the APCD Hearing Board.

Please describe any experience(s) you have as a member of a Board.

Do you have any commitments which would prevent you from meeting the attendance requirements of the Hearing Board? If yes, please explain.

Do you work for or have a financial interest in any source regulated by the APCD? If yes, please discuss.

Please list professional, trade, or business associations held which relate to the Hearing Board category for which you are applying.

List any additional information explaining your qualifications, including relevant volunteer activities, community organization memberships, accomplishments, publications, or awards. Attach additional sheets if necessary.

EDUCATION

College, Business or Trade Schools Attended	Major	Degree(s) Received

REFERENCES - Give names of three persons, not relatives, who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	PHONE NO.	OCCUPATION

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE.

APPLICANT'S SIGNATURE _____ DATE _____