

COLORADO DEPARTMENT OF AGRICULTURE**Division of Plant Industry****305 Interlocken Parkway****Broomfield, Colorado 80021****(303) 869-9056**

Board or Committee for which you are being recommended: Pesticide Advisory Committee

Position for which you are being recommended:

| | | | |
|--------------------------------|--------------------|---------------------|----------|
| Your Name (Last, First Middle) | | | |
| Home Address | City | State | Zip Code |
| Your Occupation | Business Phone No. | Residence Phone No. | |
| Present Employer | Business Address | | |

QUALIFICATIONS: (If you currently hold a position and are being considered for reappointment, please update information only.)

| EDUCATION | NAME OF SCHOOL | LOCATION | No. Years Attended | Degree/Certificate/Yr. | Major Course(s) of Study |
|--|----------------|----------|--------------------|------------------------|--------------------------|
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| Work Experience | | | | | |
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| Memberships in Organizations & Offices Held (Indicate if Past or Present) | | | | | |
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| Volunteer Activities (Indicate if Past or Present) | | | | | |
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| Special Skills and Qualifications | | | | | |
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Organization/Individual Making Recommendation:

Address: _____

Phone: _____ Contact: _____

I understand that the Colorado Public Records Law may require that certain information contained on this form be accessible to the general public, except when specifically made confidential by statute.

SIGNATURE _____

DATE _____