



Application for Code Advisory Committee Appointment 2015-2017 Term

Health Facilities – Public Member Building Fire and Other – Fire Official

Section 1 – Applicant Information (Type or Print)

Name: _____ Telephone Number: (____) _____

Residence / Business Address: _____
Number and Street City State Zip Code

Mailing Address (if different): _____
Number and Street City State Zip Code

E-mail Address: _____

Section 2 – Selection of Code Advisory Committee / Position

Code Advisory Committee:

- Health Facilities Position: Voting Member – Public Member
- Building Fire and Other Position: Voting Member – Fire Official

(Only select one CAC position per application submitted)

Section 3 – Submit the following information with this completed application:

- Resume identifying the applicant and detailing the discipline(s) and knowledge criteria for the position for which the applicant is applying.
- Letter(s) of recommendation if so desired.
- Copies of any licenses, certifications, etc.

The completed application, resume, letter(s) of recommendation and copies of any licenses and/or certifications may be mailed to the address listed above or e-mailed to CBSC at: codeadvisorycomm@dgs.ca.gov .

Applicant's Signature: _____ Date: _____