


Capital Region Transportation Planning Agency (CRTPA) CITIZEN ADVISORY COMMITTEE APPLICATION

Please return to: Capital Region Transportation Planning Agency 4 th Floor, City Hall 300 South Adams Street Tallahassee, Florida 32301 Email: koeppelp@talgov.com FAX: 891-8734	 <p style="font-size: small;">Capital Region Transportation Planning Agency</p> <p style="font-size: x-large; font-weight: bold; color: #0070C0;">CRTPA</p> <p style="font-size: x-small;">• 4th FLOOR CITY HALL • 300 S. ADAMS STREET TALLAHASSEE, FL 32301</p>	This application will remain in active files for two years. Please call or write the CRTPA to advise of any changes regarding the information on this application.
Name:		Date:
Work Phone:	Home Phone:	Email:
Occupation:		
Employer:		
<i>Please check box for preferred mailing address.</i>		
<input type="checkbox"/> Work Address:		
City/State/Zip:		
<input type="checkbox"/> Home Address:		
City/State/Zip:		
<i>The Capital Region Transportation Planning Agency strives to ensure that its citizens advisory committee is representative of the community's demographic makeup. To assist in this endeavor, please check the appropriate Race and Gender box.</i> <i>Please also note if you are physically challenged. <input type="checkbox"/> Yes <input type="checkbox"/> No</i>		
Race:	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Identify any potential conflicts of interest that might occur were you to be appointed:		
	Do you ride the bus? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you drive a car? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you bicycle to work/shopping? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you bicycle for recreation? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you walk to work/shopping? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you walk for recreation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you serve a full three-year term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you regularly attend meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No Conflicts:	
Education:		
(High School attended)	(Degree received, if applicable)	
(College/University/Graduate School attended)	(Degree received, if applicable)	

If you have a disability requiring accommodations, please contact the CRTPA at (850) 891-8540. The telephone number of the Florida Relay TDD Service is 711 or 1-800-955-8771.

CITIZEN ADVISORY BOARD/COMMITTEE APPLICATION

Please provide biographical information about yourself (attach a resume, if available). Identify previous experience on other boards/committees; charitable/community activities; and skills or services you could contribute to this board/committee:

References (at least one):

Name:

Phone:

Address:

Name:

Phone:

Address:

Name:

Phone:

Address:

All statements and information provided in this application are true to the best of my knowledge.

Signature: _____