

BBAS REQUEST FOR APPOINTMENT CONSIDERATION
BIOGRAPHICAL INFORMATION FORM

NAME: <i>Black Bass Advisory Subcommittee of the Sport Fisheries Advisory Commission</i> Instructions: Type or print completely. Fill in boxes to check. GUJ YWt a d'YHXXZfa 'UbXfeturn printed or electronic copies to: jg\ YfJYg'GYfj JWg'8 irector David Blazer, 580 Taylor Avenue, B-2, Annapolis, MD 21401 or david.blazer@maryland.gov.					
Application For:	<input type="checkbox"/> New Appointment		<input type="checkbox"/> Reappointment		
Name:					
Date of Birth:					
DNRid (if in possession)					
Residence	<input type="checkbox"/> US Citizen <input type="checkbox"/> Registered Voter				
Home Address:					
City:		State		Zip	
Resident County:					
Occupation:					
Employer:					
Work Address:					
City:		State		Zip	
Phone:	(Office)			(Home)	
	(Cell)			(Fax)	
Email Address:					
Representing Organization (If Any):					
Please Check Any That Apply:	<input type="checkbox"/> I have targeted black bass within the past 3 years in Maryland <input type="checkbox"/> I am a Maryland licensed black bass guide or have been a black bass guide within the past 3 years <input type="checkbox"/> I have fished a black bass tournament in the past 3 years <input type="checkbox"/> I have served as a black bass tournament director in the past 3 years <input type="checkbox"/> I regularly participate in an organization that promotes or advances conservation in the sport of black bass fishing <input type="checkbox"/> I manage a social media platform or regularly publish (at least once a month) information regarding black bass fishing in Maryland				

OFFICE OF THE SECRETARY
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Please Use the Allowed Space BELOW to Comment on:

- 1) Your experience and time fishing or participating in the black bass fishery in Maryland;
- 2) The reason(s) you would like to join the Black Bass Advisory Subcommittee;
- 3) Your ability to extend information to others within the black bass fishing community in Maryland; and
- 4) An example of how you have worked with others who have different viewpoints or interests to achieve consensus and complete a task.

REQUEST FOR APPOINTMENT CONSIDERATION
PROFESSIONAL DISCLOSURES FORM

Have you ever been a party (plaintiff or petitioner/defendant or respondent) to any civil, criminal, juvenile or administrative proceeding?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify):
Do you hold a Maryland license to practice a profession or trade?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
If Yes, specify license:	
Have you ever had a license to practice a profession or trade, whether held in Maryland or another state, revoked or suspended?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify):
Are you a member, officer or director of a fishing/sporting organization?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
If Yes, please specify organization or activity:	
If Yes, are you engaged in any lobbying activities for that organization?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you a paid lobbyist for any organization?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you hold, or have you held in the past, an elected or appointed office within Federal, State or local government, or a political party?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, please specify office:	
If Yes, please specify dates:	

If available, please attach a resume that includes information concerning your academic background, work experience and professional, political and civic organization affiliations.

I certify that, to the best of my knowledge and belief, all the information contained in and attached to this questionnaire is true, correct and complete. I understand and agree that I am required to notify the Director of Fisheries Service in writing if any of the information contained in or attached to this questionnaire changes.

Signature of applicant: _____ Date: _____
(Electronic or typed Signature permitted when application submitted from email account noted on application)

Completed forms may be returned to:
Fisheries Service Director David Blazer, 580 Taylor Avenue, B-2, Annapolis, Maryland 21401
Phone: (410) 260-8281 Fax: (410) 260-8287 Email: david.blazer@maryland.gov