

OFFICE OF THE SECRETARY  
REQUEST FOR APPOINTMENT CONSIDERATION  
BIOGRAPHICAL INFORMATION FORM

<b>BOARD OR COMMISSION NAME:</b> <i>Black Bass Advisory Committee of the Sport Fisheries Advisory Commission</i> <b>Instructions:</b> Type or print completely. Send printed or digital copy to: Joseph Love, Program Manager, 580 Taylor Avenue, B-2, Annapolis, Maryland 21401; Phone: (410) 260-8257; Fax: (410) 260-8287; Email: <a href="mailto:joseph.love@maryland.gov">joseph.love@maryland.gov</a>				
Application For:	<input type="checkbox"/> New Appointment		<input type="checkbox"/> Re-Appointment	
Name:				
Date of Birth:				
DNRid (if in possession)				
Residence	<input type="checkbox"/> Resident of Maryland <input type="checkbox"/> Non-Resident of Maryland			
If you are a Non-Resident, Why are you applying to a Maryland Committee?				
Home Address:				
City:		State		Zip
Occupation:				
Employer:				
Phone:	Office/Home		Mobile	
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			

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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 Committee;
- 3) Your ability to extend information to others within the black bass fishing community in Maryland; and/or
- 4) An example of how you have worked with others who have different viewpoints or interests to achieve consensus and complete a task.

List the names and contact information for individuals who are familiar with your professional qualifications.

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:  
Joseph Love, Program Manager, 580 Taylor Avenue, B-2, Annapolis, Maryland 21401  
Phone: (410) 260-8257      Fax: (410) 260-8287  
Email: [joseph.love@maryland.gov](mailto:joseph.love@maryland.gov)