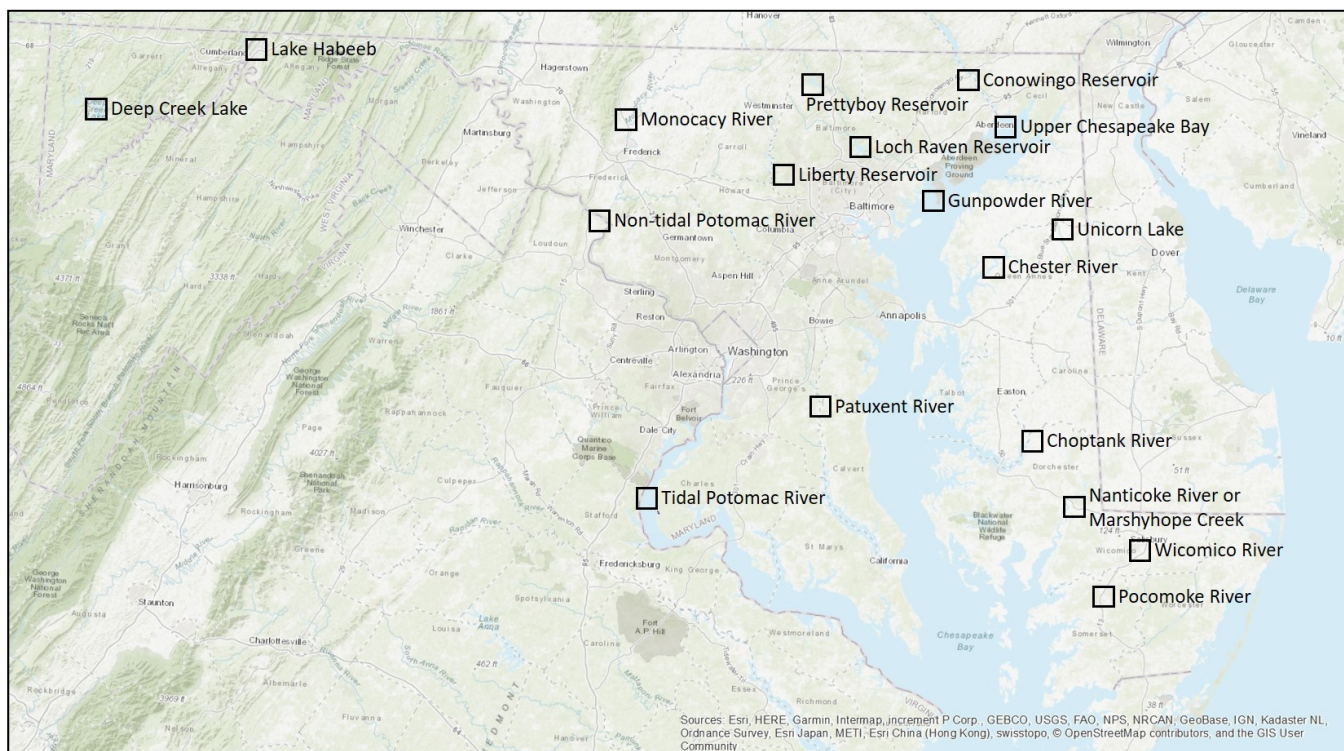


BBAS REQUEST FOR APPOINTMENT CONSIDERATION
BIOGRAPHICAL INFORMATION FORM

| | | | | | |
|--|---|-------|--|-----|--|
| NAME: <i>Black Bass Advisory Subcommittee of the Sport Fisheries Advisory Commission</i> | | | | | |
| Instructions: Type or print completely. Double click boxes to check. Return printed or electronic copies to Fisheries Services Director 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: | <div style="margin-bottom: 5px;"><input type="checkbox"/> I have targeted black bass within the past 3 years in Maryland.</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> I am employed by or owner of a bait and tackle business.</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> I regularly participate in an organization that promotes or advances conservation in the sport of black bass fishing.</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> I am a Maryland licensed black bass guide or have been a black bass guide within the past 3 years.</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> I have fished a black bass tournament in the past 3 years.</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> I have served as a black bass tournament director in the past 3 years.</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> I manage a social media platform or regularly publish (at least once a month) information regarding black bass fishing in Maryland.</div> | | | | |

OFFICE OF THE SECRETARY
REQUEST FOR APPOINTMENT CONSIDERATION
BIOGRAPHICAL INFORMATION FORM

Please use a pencil or pen to check all boxes of waterbodies that you have regularly fished in the past three years.



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 to 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:
Joseph W. Love, Ph.D., 580 Taylor Avenue, B-2, Annapolis, Maryland 21401
Phone: (410) 260-8257 Fax: (410) 260-8287 Email: joseph.love@maryland.gov