



## Application for Code Advisory Committee Appointment 2015-2017 Term

### Accessibility – 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:

Accessibility

Position: Voting Member – Fire Official

---

---

#### 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](mailto:codeadvisorycomm@dgs.ca.gov) .

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_