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

Please return in person to:		This application will remain in active files for two years.
Capital Region Transportation Planning Agency 408 N. Adams St., 4th Floor Tallahassee, Florida 32301 **Or mail to**: CRTPA 300 S. Adams St, Box A-19 Tallahassee, Fl. 32301	Capital Region Transportation Planning Agency CRTPA • 408 N. Adams St., 4th FLOOR • TALLAHASSEE, FL 32301	Please contact the CRTPA to advise of any changes regarding the information on this application. Email: lynn.barr@talgov.com FAX: 850-891–6832 PHONE: 850-891-6800

Name:	Date:

Work Phone:	Home Phone:	Email:

Occupation:

Employer:

Please check box and provide your preferred mailing address.

☐ Work Address:

City/State/Zip:

☐ Home Address:

City/State/Zip:

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.
Please also note if you are physically challenged. ☐ Yes ☐ No

Race: ☐ American Indian or Alaskan Native ☐ Black ☐ Other
☐ Asian or Pacific Islander ☐ Hispanic ☐ White

Gender: ☐ Female ☐ Male

Identify any potential conflicts of interest that might occur were you to be appointed:

Do you ride the bus? ☐ Yes ☐ No Do you drive a car? ☐ Yes ☐ No	Do you bicycle to work/shopping? ☐ Yes ☐ No Do you bicycle for recreation? ☐ Yes ☐ No Do you walk to work/shopping? ☐ Yes ☐ No Do you walk for recreation? ☐ Yes ☐ No
Can you serve a multi-year term? ☐ Yes ☐ No	Can you regularly attend meetings? ☐ Yes ☐ No Conflicts:

Education:

(High School attended)	(Degree received, if applicable)
(College/University/Graduate School attended)	(Degree received, if applicable)

MUTIMODAL ADVISORY COMMITTEE/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: _____

If you have a disability requiring accommodations, please contact the Capital Region Transportation Planning Agency at 850-891-6800.

The telephone number for the Florida Relay TDD Service is 711 or 1-800-955-8771.

(Updated February 2009)