

APPLICATION FOR NOXIOUS WEED MANAGEMENT ADVISORY COUNCIL APPOINTMENT

This is only an application. Appointments are only effective upon notification from the Director's Office and upon receipt of appointment letter. All applications must be complete to be considered (both sides).

Title Preference:	Name:	
Full Legal Name*:		ial oath of office if selected.
Mailing Address:		
City:	County:	State: MONTANA Zip:
Residence or Business Physica *Only needed if different than maili	al Address*: ng address above.	
City:	County:	State: MONTANA Zip:
Preferred Contact Number:		Type: Business / Mobile / Home / Assistant / Other
Other Contact Number(s):		Type: Business / Mobile / Home / Assistant / Other
Email Address:		
Preferred Public Contact Info Other Phone / Email *Pick one; if you are appointed, we		ss / Mailing Address / Mobile Phone / Home Phone / Business Phone for you online.
Is this a Reappointment?	Yes* No	
* Which position are you ser	ving in?	
Position Applying for on the	Council:	
Qualifications for Position:		

ADDITIONAL DOCUMENTS (REQUIRED):

- Cover Letter: Must include a statement as to why you'd like to be appointed (Address to Director)
- References or letters of recommendation are welcomed (Optional)

WAIVERS (REQUIRED):

- I understand that my application and affiliated documents will become public records, available to the public, and media, including that I am an applicant and for which boards.
- I agree that if appointed, I will abide by all state laws and rules.
- I verify that all information in this application is accurate to the best of my knowledge.

SIGNATURE:

DATE:

APPLICATION WITH ADDITIONAL DOCUMENTS SHOULD BE SUBMITTED TO: <u>agrnwtf@mt.gov</u> or to the address below by mail or hand delivery. For additional information please contact Jasmine Chaffee at 444-3140 or Jesse May at 444-3156.