

PERSONNEL APPLICATION FORM

Alternate Commissioner

Please complete all sections.

1. Contact Information.

Name: _____

Title: _____

Company: _____

Address: _____

City/State/Zip: _____

Tel: _____ Fax: _____

E-mail: _____

2. Professional qualifications, memberships, positions held.

3. Specific experience and qualifications applicable to this position.

(please attach any supporting documentation you wish the Commission to take into consideration)

4. References.

List two individuals as personal or professional references.

1. _____

Name	Tel.	Relationship
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2. _____

Name	Tel.	Relationship
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5. Main Member

Name of Commissioner nominating you as his/her Alternate:

6. Resources.

Do you have the time and financial backing to attend and participate in the activities of the Commissioners? *(check one)*

Yes No

7. Submission of Application.

Please submit my name in nomination for a position on the Commissioners.

Signed: _____ Date: _____

*Please return, along with any supporting documentation, to: Executive Director,
National Commission for the Certification of Crane Operators, 2750 Prosperity Avenue,
Suite 505, Fairfax, VA 22031.*