

# Application for Boards and Commissions

Office of Governor Pat McCrory  
State of North Carolina

**BOARD OR COMMISSION FOR WHICH YOU ARE APPLYING:**

First Name		MI	Last Name		Prefix
Home Address			City	State	Zip
County		Home Phone #		Personal Email	
Congressional District		Senate District		House District	Registered Voter: Yes No
Are you a resident of NC? Yes No			If yes, how long have you been a resident of NC?		
Age	Gender: M F		Race (optional)		
Present Employer/Occupation			Job Title		
Business Address			City	State	Zip
Business Phone #			Business Email		
Cell Phone #			Correspondence Preference: Home Business		
Spouse's Name			Spouse's Employer		

**EDUCATION HISTORY** (Specify school attended, year of graduation and type of degree received, if any)

High School/Equivalence (G.E.D.)
Undergraduate
Graduate/Professional

**PROFESSIONAL LICENSE** (Identify all of your professional license(s) and provide the information requested. Specify if your license is in a name other than your name listed above.)

Type of License	License #	Issuance Date	Has the license been continuously active since issuance?

**REFERENCES** (List three persons, not related to you, who have known you at least a year.)

NAME	ADDRESS	PHONE #

**PUBLIC OFFICIAL/OFFICES** (List all appointed or elected positions you currently hold on any board, commission, council, authority or other entity created by local, state or federal government.)


Answer each question below. Please attach an additional sheet(s) to explain any "Yes" answers.

<b><u>CRIMINAL</u></b>		
1. Have you ever been charged with a felony in North Carolina or elsewhere?	Yes_____	No_____
2. Have you ever been convicted of a felony in North Carolina or elsewhere?	Yes_____	No_____
3. Have you ever been charged with a misdemeanor, other than a traffic offense, in North Carolina or elsewhere?	Yes_____	No_____
4. Have you ever been convicted of a misdemeanor, other than a traffic offense, in North Carolina or elsewhere?	Yes_____	No_____
5. Has your driver's license ever been suspended, revoked, or limited?	Yes_____	No_____
<b><u>PROFESSIONAL/EMPLOYMENT</u></b>		
6. Have you ever had any grievance or complaint filed against you with any board that regulates your professional license(s) or had a professional license suspended, revoked or modified?	Yes_____	No_____
7. Have you ever had any sanction or reprimand entered against your professional license?	Yes_____	No_____
8. Have you, or any business in which you own a controlling interest, ever been fined or otherwise sanctioned by a local, state or federal agency?	Yes_____	No_____
9. Have you ever been disciplined by the board to which you seek appointment?	Yes_____	No_____
<b><u>TAXES</u></b>		
10. Have you ever failed to file state or federal income tax returns?	Yes_____	No_____
11. Are you, or any company in which you or your spouse has a controlling interest, delinquent in paying any local, state or federal taxes?	Yes_____	No_____
<b><u>LOBBYIST</u></b>		
12. Are you currently a registered lobbyist, have you been a registered lobbyist in the last year, or have you employed a registered lobbyist in the last year?	Yes_____	No_____
<b><u>CONFLICT OF INTEREST/OTHER DISCLOSURES</u></b>		
13. Are you or your spouse regulated by, licensed by, or engaged in a business relationship with the board to which you are seeking appointment?	Yes_____	No_____
14. Do you have any financial interest in any company that does business with the State of North Carolina?	Yes_____	No_____
15. Are you, or any entity in which you have a financial or other interest, the recipient of any grant or appropriation from the State of North Carolina?	Yes_____	No_____
16. Are you aware of any other information that would be relevant for the Governor to know as she considers appointing you to a board or commission?	Yes_____	No_____

I certify that the facts contained in this application are true and correct to the best of my knowledge. I release all parties from all liability for any damage that may result from furnishing such information. I understand that failure to fill out this form accurately and truthfully shall subject me to immediate removal.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Return completed form to: Office of the Governor; Attn: Boards and Commissions Office; 20301 Mail Service Center; Raleigh, NC 27699-0301 or via fax to (919) 715-4239.