

IMPORTANT NOTICE

To insure accurate and timely filing of your application:

The original Florida Public Service Commission Nominating Council Application must be signed and dated.

Original application must be received, in our office, by **5:00 p.m., Friday, July 30, 2004.**

Florida Public Service Commission Nominating Council
111 West Madison Street, Room 874D
Tallahassee, FL 32399-1400

PSC Nominating Council Seeks Applicants

The Florida Public Service Commission Nominating Council is seeking applicants to serve on the Nominating Council. The Nominating Council is responsible for screening and recommending to the Governor persons to serve on the Public Service Commission. The Public Service Commission regulates public utilities that provide telephone, electric and water service in the state.

“Citizens interested in ensuring that Florida’s Public Service Commission is comprised of determined individuals who are willing to tackle the complex regulatory issues facing this state should consider serving on the Nominating Council.” said Council Chairman Greg Krasovsky. The Nominating Council will be filling one vacancy in its membership. At least one Council member must be over 60 years of age. Nominating Council members are required to file financial disclosure statements and may not own an interest in utilities nor represent any utilities professionally. Council members receive no compensation for their service but are reimbursed for travel expenses.

The new member will be selected at the Nominating Council’s meeting in Orlando on Thursday, September 9, 2004. The deadline for submitting applications is Friday, July 30, 2004. Applications for Nominating Council membership and further information about the Nominating Council can be obtained from its website at <<http://www.leg.state.fl.us/pscnc>> or from the Council’s office at: 111 West Madison Street, Room 874D, Tallahassee, Florida 32399-1400, (850) 922-5035.

If you are filling out the Nominating Council Application using the PDF format, please remember that you must mail your original application with an original signature. Your application must be received by Friday, July 30, 2004. **Electronically filed applications will not be accepted.**

If you use the PDF file to fill out the application and want to keep an electronic copy on your computer, use the **“Save As”** command under the **“File”** menu and name it.

**FLORIDA PUBLIC SERVICE COMMISSION NOMINATING COUNCIL
APPLICATION FOR COUNCIL APPOINTMENT**

1. Name _____
 First Middle/Maiden Last

2. Have you ever used or been known by any other name? (*check one*) Yes No
If "Yes", please give your other name(s) and explain:

3. Gender: Male Female

4. Residence Address _____
 Street City/State County/Zip

(if pertinent) _____
 P.O. Box City/State County/Zip

Residence Phone (____) _____ Mobile (____) _____
 (Area Code) Number (Area Code) Number

5. Business Address _____
 Name

Street City County/Zip

P.O. Box City County/Zip

Business Telephone (____) _____ FAX (____) _____
 (Area Code) Number (Area Code) Number

E-Mail Address _____

6. Please provide the following information for your current employer and each employer for the last five (5) years:

Employer's Name	Employer's Address	Type of Business/Job	Occupation/Title	Date(s)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Birth Date: _____¹ Birth Place: _____
 Month/Day/Year City State Country

8. As of what date have you been a continuous resident of Florida? _____
 Month/Day/Year

9. Are you a U.S. citizen? (check one) Yes No

10. Are you or have you ever been a member of the armed forces of the United States?
 (check one) Yes No If "Yes", please provide the following information:
 Dates of service _____ to _____ Branch _____
 Date and type of discharge _____

11. Education:
 High school _____
 Name City State

¹ Section 350.031(1), Florida Statutes, requires that at least one member of the Council be 60 years of age or older.

Post-secondary institutions:

Name and Location	Dates Attended	Certificates/Degrees Earned
-------------------	----------------	-----------------------------

12. Please list any special qualifications that you think are relevant to you being appointed to the Florida Public Service Commission Nominating Council. “Special qualifications” include any type of licensure or certification you hold, as well as any civic, professional, or political organizations to which you belong.

Type or Name of License or Certificate	Number	Granting Agency Date Granted
--	--------	------------------------------

Name of Civic, Professional or License or Certificate	Office(s) Held	Member Since
---	----------------	--------------

13. Have you been a registered lobbyist or have you lobbied at any level of government at any time during the past four (4) years? *(check one)* Yes No

If “Yes”, did you receive any compensation other than reimbursement for expenses? *(check one)* Yes No Please provide the following information:

Agency Lobbied	Principal(s) Represented	Date(s)
----------------	--------------------------	---------

14. Have you or any business with which you are or have been affiliated as an owner, officer, or employee, held any contractual dealings during the last four (4) years with any utility regulated by the Florida Public Service Commission? Please do not include routine telephone, electric, or water services provided to your residence or small business. *(check one)* Yes No

If “Yes”, please provide the following information:

Name of Business	Your Relationship to Business	Business’s Relationship to Agency
------------------	-------------------------------	-----------------------------------

15. Have members of your immediate family—spouse, child, parent(s), sibling(s)—or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any utility regulated by the Florida Public Service Commission? Please do not include routine telephone, electric, or water services provided to their residence or small business. *(check one)* Yes No

If “Yes”, please provide the following information:

Name of Business	Family Member’s Relationship to You	Family Member’s Relationship to Business	Business’s Relationship to Agency
------------------	-------------------------------------	--	-----------------------------------

16. Have you ever been elected to any public office in Florida? (*check one*) Yes No

If “Yes”, please provide the following information:

Office Title	Date of Election	Term of Office	Level of Government
--------------	------------------	----------------	---------------------

17. Have you ever been appointed to any public office in Florida? (*check one*) Yes No If “Yes”, please provide the following information:

Office Title	Date of Appointment	Term of Office	Level of Government
--------------	---------------------	----------------	---------------------

18. Florida’s Constitution prohibits holding more than one office under the government of the state, counties, or municipalities. In addition, the Constitution prohibits holding a state office concurrently with a paid federal office. Serving on the Public Service Commission Nominating Council constitutes holding a state office for purposes of these prohibitions.

For this reason, please indicate below whether you presently hold any state, county, or municipal office or whether you hold a paid federal office.

19. Has probable cause ever been found that you were in violation of Part III, Chapter 112, Florida Statutes, the Code of Ethics for Public Officers and Employees?
(check one) Yes No If "Yes", please provide the following information:

Date	Nature of Violation	Disposition

20. Have you ever been suspended from any office by the Governor of the State of Florida?
(check one) Yes No If "Yes", please provide the following information:

Title of Office	Date of Suspension	Reason for Suspension	Result (reinstated/removed)

21. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.)
(check one) Yes No If "Yes", please provide the following information:

Date	Place	Nature	Disposition

22. Do you know of any reason why you would not be able to attend fully to the duties as a member of the Council? *(check one)* Yes No
 If "yes", please explain.

23. If there is additional information that you think is relevant to your being appointed to the Florida Public Service Commission Nominating Council.

24. To assist the Council in evaluating your qualifications, please attach (if available) a copy of your resume or curriculum vitae.

25. If appointed to the Council, would you be willing to file the required financial disclosure statements? (check one) Yes No

26. Members of the Council are required by Section 350.031(2)(a), Florida Statutes, to affirm that:

“I hereby certify that I am not a stockholder, other than through ownership of shares in a mutual fund, in any company regulated by the commission or in any affiliate of a company regulated by the commission, nor in any way, directly or indirectly, in the employment of, or engaged in the management of any company regulated by the commission or any affiliate of a company regulated by the commission, or in any firm which represents in any capacity either companies which are regulated by the commission or affiliates of companies regulated by the commission.”

If you are appointed to the Council, would you be able to make such an affirmation?
(check one) Yes No

27. Please list three persons who have known you well within the past five (5) years and provide the following information about each person. Exclude relatives and Members of the Florida Legislature.

Name	Mailing Address	(Area Code) Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Date	_____ Signature of Applicant
---------------	---------------------------------

CERTIFICATION

STATE OF FLORIDA, COUNTY OF _____

Before me, the undersigned Notary Public of Florida, personally appeared _____, who, being duly sworn, says: (1) that he/she has carefully and personally reviewed answers to the foregoing questions; (2) that the information is complete and true; and (3) that he/she will, as appointee, uphold the constitutions of the United States and of the State of Florida.

Sworn and subscribed before me
this _____ day of _____, 20__.

Signature of Notary Public

Print, type, or stamp commissioned name

My commission expires: _____

Personally known OR Produced identification

Identification produced _____