

**FOR THE DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION APPOINTMENT OFFICE**

2601 Blair Stone Road, Tallahassee, Florida 32399-1047

The information from this page has been requested and will be used exclusively by the Department of Business and Professional Regulation. Please type or use black ink.

1. Council of Interest: Drug Wholesale Distributor Advisory Council
2. Are you applying for reappointment? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Profession: \_\_\_\_\_
4. Occupation (exact title): \_\_\_\_\_
5. Do you have any handicapping or disabling conditions? Yes\_\_ No\_\_ If “Yes”, please explain.
6. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_
7. Race: White, non-Hispanic (W) \_\_\_\_\_ American Indian/Alaskan Native (A) \_\_\_\_\_  
Hispanic (H) \_\_\_\_\_ Asian/Pacific Islander (P) \_\_\_\_\_  
Black (B) \_\_\_\_\_
8. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organizations(s), relevant policies and practices, and state whether you intend to continue as a member if you are appointed by the Secretary, Department of Business and Professional Regulation.

Cellular Telephone Number: \_\_\_\_\_

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Applicant’s Signature

This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis.

**Name:** \_\_\_\_\_  
Last First Middle/Maiden

1. Residence Address \_\_\_\_\_

2. Post Office Box \_\_\_\_\_

3. Business Address \_\_\_\_\_

4. Residence Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Specify the preferred mailing address: Business \_\_\_\_\_ Residence \_\_\_\_\_

5. Social Security Number (Required) \_\_\_\_\_ Date of Birth \_\_\_\_\_

6. Are you a United States citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If "No", explain:

7. Are you a registered Florida voter? Yes \_\_\_\_\_ No \_\_\_\_\_

A. County of registration: \_\_\_\_\_ B. Current Party Affiliation: \_\_\_\_\_

If you are a naturalized citizen, date of naturalization \_\_\_\_\_

8. Highest level of education attained \_\_\_\_\_

9. Are you or have you ever been a member of the armed forces of the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", list:

Dates of Service \_\_\_\_\_ Branch or component \_\_\_\_\_ Date & Type of Discharge \_\_\_\_\_

10. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", explain:

11. Have you ever been employed by any state, district, or local governmental agency in Florida?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", identify the positions(s), the name(s) of the employing agency, and the periods(s) of employment:

12. State your experiences and interests or elements of your personal history that qualify you for this appointment:

13. Identify all association memberships and association offices held by you that relate to this appointment:

14. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes\_\_\_\_ No\_\_\_\_ If "Yes", explain:

15. Have you ever been elected or appointed to any public office in this state? Yes\_\_\_\_ No.\_\_\_\_ If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

<u>Office Title</u>	<u>Date of Election</u>	<u>Term of Office</u>	<u>Level of Government</u>
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16. If your service was on a board(s), commission(s), committee(s), or council(s): How frequently were meetings held: \_\_\_\_\_

If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reason(s) for your absence(s):

<u>Meetings Attended</u>	<u>Meetings Missed</u>	<u>Reason for Absence</u>
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17. 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? Yes\_\_\_\_ No\_\_\_\_ If "Yes", give details:

<u>Date</u>	<u>Nature of Violation</u>	<u>Disposition</u>
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18. Have you ever been suspended from any office by the Governor of the State of Florida? Yes\_\_\_\_ No\_\_\_\_ If "Yes", list:

Title of Office: \_\_\_\_\_ Reason for Suspension: \_\_\_\_\_

Date of Suspension: \_\_\_\_\_ Result: Reinstated \_\_\_ Removed \_\_\_ Resigned \_\_\_\_\_

19. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes\_\_\_\_ No\_\_\_\_ If "Yes", list:

Title of Office: \_\_\_\_\_

Term of Appointment: \_\_\_\_\_

Confirmation Results: \_\_\_\_\_

20. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes \_\_\_ No \_\_\_ If "Yes", provide the title and number, issue date, and issuing authority. If any disciplinary action (including but not limited to, a fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

License/Certificate Number Issue Date Issuing Authority Disciplinary Action Date

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21. Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes \_\_\_ No \_\_\_ If "Yes", explain:

Name of Business Your Relationship to Business Business Relationship to Agency

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22. Have you been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes \_\_\_ No \_\_\_

Did you receive any compensation other than reimbursement for expenses? Yes \_\_\_ No \_\_\_

Name the agency or entity you lobbied and the principal(s) you represented:

Agency Lobbied Principal Represented

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23. Have you ever represented any client in any action against the Department of Business and Professional Regulation or any of its subdivisions within the last 5 years? Yes \_\_\_ No \_\_\_ If "yes" please explain:

24. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number.

Name Mailing Address Zip Code Area Code/Phone Number

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25. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes \_\_\_ No \_\_\_ If "Yes", explain: \_\_\_\_\_

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26. If required by law or administrative rule, will you file financial disclosure statements? Yes \_\_\_ No \_\_\_ If "No", explain:

27. Do you fully understand the scope and commitment of council membership? Yes \_\_\_ No \_\_\_.



**CERTIFICATION**

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Before me, the undersigned Notary Public of Florida, personally appeared \_\_\_\_\_, who, after being duly sworn, says: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions: (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and the State of Florida.

\_\_\_\_\_  
Signature of Applicant-Affiant

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_. \_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
(Print, type or stamp commissioned name of notary public)

My commission expires \_\_\_\_\_

Personally Known \_\_\_ or Produced Identification \_\_\_  
Type of Identification Produced \_\_\_\_\_

(Seal)