



RETURN COMPLETED APPLICATION TO:

Executive Office
 930 Tacoma Ave S Room 737
 Tacoma, WA 98402

Firearms Advisory Commission

PLEASE ATTACH RESUME IF AVAILABLE

I AM INTERESTED IN SERVING ON THE (Name of Board/Commission):		
Last Name	First Name	Middle Initial
Home Address		Home Phone ()
Work Address		Work Phone ()
Email Address		FAX ()
(Please indicate preferred mailing address with an asterisk (*))		Pierce County Council District (Circle one) 1 2 3 5 6 7
Occupation (If retired, please indicate former occupation)		
Please check one of the following: I am applying as:		
<input type="checkbox"/> Shooting Club President or Designee Name of Club _____ <input type="checkbox"/> Registered Voter from unincorporated Pierce County		
(Must provide documentation of Safety Fire Arms Class or Washington Hunter Safety Class. Please attach copy of Hunter Education Certificate.)		
Education (Name of high school, college/university, year graduated, degree)		
High School: _____ Year: _____		
College or University _____ Year: _____ Degree: _____		



Pierce County Firearms Advisory Commission (Continued)

Professional/Community Activities

Additional Qualifications Related to this Position

Describe your interest in serving on this Board or Commission

The Executive seeks a diverse representation on boards/commissions. Information in this section will assist in achieving this goal, and is voluntary on your part.

Asian _____ Black _____ Hispanic _____ Native American _____ White _____ Other _____

Birth date _____ Sex (F) _____ (M) _____ Handicap (Y/N) _____

Spouse and/or member of immediate family employee of Pierce County: Yes _____ No _____

Signature of Applicant

Date

Please attach all required documentation



Pierce County Firearms Advisory Commission

REFERENCES

Name:

Address:

Home Phone:

Work Phone:

Name:

Address:

Home Phone:

Work Phone:

Name:

Address:

Home Phone:

Work Phone:
