

NOMINATION FORM

This form can be obtained electronically at http://www.governor.wa.gov, or by calling the Governor's Office at: (360) 902-4111.

Please return your completed nomination form to:

Office of the Governor, PO Box 40002, Olympia, WA 98504-0002 or fax to: 360 753-4110

Email: Gayatri.eassey@gov.wa.gov

Board(s) or Commission(s):				
Name of Nominee:				
Contact Information for Nominee:				
Address:	Home Phone:			
	Work Phone:			
	G 11 D1			
County:	Email:			
Legislative District of nominee (if known):	Congressional District of nominee			
nominee (ii known).	(if known):			
Brief background on nominee: (Education, current employer, major accomplishments):				

Personal Informa	tion on Nominee:		
Female Male			
Of what race or ethn	icity is the nominee?		
Black/African-American Asian or Pacific Islander American		White/Caucasian American Indian or Alaska Native	Latino(a), Hispanic, or Spanish? If they are Latino(a), Hispanic, or Spanish, please check one box below:
If they are Asian or Pacheck one box below: Chinese Vietnamese Filipino Asian Indian Other Race:	Korean Japanese Other:	If they are American Indian or Alask Native, please check one box below: Eskimo Aleut Enrolled or principal tribe if Americ Indian: Tribe:	Mexican, Mexican-American, Chicano Puerto Rican Cuban Other Latino(a), Hispanic, or Spanish
If "Yes,":	No	·	itizen of the United States? Yes No
Type of Discharge_			
Branch of Service _			
Campaigns			
The above information	on is optional and no	t necessary to complete this nomina	ation form.
Please describe w	hy you feel this pe	rson should be considered for a	appointment.

Your name:		
Contact Information:		
Address:	Home F	hone:
	Work F	hone:
	Cell F	hone:
County:	I	Email:
Relationship to Nominee:		

Thank you for taking the time to make this nomination – If you have any questions please contact Gayatri Eassey, Special Assistant for Boards & Commissions at (360) 902-4111.