



APPLICATION FOR SERVING AS A PUBLIC MEMBER ON THE SAN DIEGO COUNTY AIR POLLUTION CONTROL DISTRICT GOVERNING BOARD

INSTRUCTIONS: Please complete this form in its entirety. Note the additional requirements listed on the third page.

Submit the completed application and your resume to the Clerk of the Air Pollution Control District Governing Board at APCDPublicComment@sdapcd.org or, you may send your application to 10124 Old Grove Road, San Diego, CA 92131. **Applications are due no later than March 28, 2025.**

<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
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The SDAPCD Governing Board meets at times mutually satisfactory to the members. Day meetings are more common than evening meetings. The [current schedule](#) is the second Thursday of each month. Will you be able to schedule your time accordingly?

Yes No

Have you ever been affiliated with an entity that is regulated by the San Diego County Air Pollution Control District?

Yes No

If yes, please list them here:

What required area of expertise are you seeking to represent on the SDAPCD Governing Board?

Physician/Public Health Professional
 Environmental Justice Interests
 Science/Technology Background in Air Pollution

****Candidates are required to submit evidence of their qualifications by including a resume with this application and may be asked to provide additional information, as needed.***

Please summarize your experience that demonstrates your interest and proven ability in the field of air pollution control and your understanding of the needs of the general public in connection with the air pollution problems of San Diego County. *If additional space is required, attach additional pages.*

STATEMENT OF OCCUPATIONAL EXPERIENCE

<i>Current Employer</i>		
<i>Job Title</i>		<i>Dates of Employment</i>

<i>Previous Employers</i>	<i>Position Title</i>	<i>Dates of Employment</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List past county appointments with dates served, and other past or present community or public service appointments.

<i>Committee/Organization Name</i>	<i>Dates Served</i>
_____	_____
_____	_____
_____	_____
_____	_____

Membership qualifications for the APCD Governing Board are as follows:

Qualifications. All public members shall reside within the boundaries of San Diego County and shall be appointed on the basis of their demonstrated interest and proven ability in the field of air pollution control and their understanding of the needs of the general public in connection with the air pollution problems of the San Diego County. Specific qualifications for each of the three (3) public Board members, as established by Health & Safety Code section 40100.6(a)(4)(A)–(C), are as follows:

1. One public member shall be a **physician or public health professional** actively practicing within the boundaries of the San Diego County. The member’s specialty shall be in the health effects of air pollution on vulnerable populations.
2. One public member shall be a **person representing environmental justice interests** and who works directly with communities within the boundaries of the San Diego County that are most significantly burdened by, and vulnerable to, high levels of pollution, including communities with diverse racial and ethnic populations and communities with low-income populations. This member may be a resident of that community and have a demonstrated record of community leadership.
3. One public member shall be a **person with a scientific or technical background in air pollution**, such as an environmental engineer, chemist, meteorologist, or air pollution specialist.

NOTE: Public members will be appointed by the San Diego County Air Pollution Control District Governing Board. Each public member will serve a four-year term. All members are entitled to receive compensation for participation on the Governing Board. Please review [California Health and Safety Code Section 40100.6](#) for details.

Please note that this application is a public record subject to disclosure. This application will be maintained for a period of one year.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.	
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<i>Applicant's Name</i>	
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<i>Applicant's Signature</i>	<i>Date</i>

CONTACT INFORMATION

<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
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Note: Personal information may be withheld from public view as allowed by law.

<hr/> <i>Home Street Address</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Mailing Address (if different than home address)</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Business Street Address</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Home Phone #</i>	<hr/> <i>Business Phone #</i>		
<hr/> <i>Mobile Phone #</i>	<hr/>		
<hr/> <i>E-Mail Address</i>			