

**BOCA RATON AIRPORT AUTHORITY**  
**Aviation Advisory Committee Application**

*For Appointment of Residents in  
Quadrants A B C and D of the City of Boca Raton*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address:

Business Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

**Quadrant Location: (Circle one)    A    B    C    D**

Briefly describe why you wish to serve as a member of the Aviation Advisory Committee and how your personal experience and background relate to the function of the AAC:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many Boca Raton Airport Authority Meetings have you attended in the past three years? \_\_\_\_\_

List Community/Civic Involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently hold any positions on any City or County Board?

Circle one

Yes

No

Describe: \_\_\_\_\_

Educational Background:

University Attended: \_\_\_\_\_

Degree(s) Received: \_\_\_\_\_

Major Area of Study: \_\_\_\_\_

Professional Background:

\_\_\_\_\_  
\_\_\_\_\_

How long have you practiced your current profession? \_\_\_\_\_

Do you hold a Professional License in the State of Florida?

(Circle one)

Yes

No

List License Held: \_\_\_\_\_

\_\_\_\_\_

Please attach a copy of your current resume to this application.

I HAVE REVIEWED AND UNDERSTAND THE DUTIES OF THE AVIATION ADVISORY COMMITTEE.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date