



Clerk of the Board  
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# COUNTY ADVISORY BOARD NOMINATION/APPOINTMENT FORM

Please Type or Print

<b>PART I – NOMINATION</b>	
Please complete and sign Part I of this form and submit to the Clerk of the Board. Submittal of this form will initiate a Florida criminal history check of the nominee as required by Ord. 09-95).	
<b>NAME OF BOARD:</b>	
<b>NOMINEE INFORMATION:</b>	Check (✓) One: New appointment _____ Re-Appointment _____
<b>DATE OF NOMINATION:</b>	
<b>NOMINEE'S FULL NAME:</b>	
<b>ADDRESS:</b> (City, State, Zip)	
<b>HOME PHONE:</b>	<b>BUSINESS PHONE:</b>
<b>FAX:</b>	<b>CELLULAR PHONE:</b>
<b>E-MAIL ADDRESS:</b>	
<b>RESUME ATTACHED:</b>	Yes _____ No _____ To Be Submitted _____
<b>COMMISSIONER SIGNATURE:</b>	<b>DISTRICT NUMBER:</b>
<b>APPOINTMENT PROCESS</b> (To Be Completed by the Clerk of the Board) Individual Appointment _____ *Individual Appointment Ratified by the BCC _____	
<b>PART II – APPOINTMENT</b>	
Please complete and sign Part II of this form following review of the Florida criminal history check and return to the Clerk of the Board for processing.	
<b>I have reviewed the Florida criminal history check performed by the Inspector General on the above noted nominee and request that the following action be taken:</b>	
Check (✓) One: PROCEED WITH APPOINTMENT* _____ WITHDRAW NOMINATION _____	
<b>COMMISSIONER SIGNATURE:</b>	
<b>DATE OF APPOINTMENT:</b>	

\*Note: Appointments that require ratification by the BCC will be placed on the next available BCC agenda under County Advisory Board Appointments.

WHITE COPY TO THE CLERK OF THE BOARD / YELLOW COPY FOR YOUR RECORDS

