

**MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
ADVISORY COMMITTEE APPLICATION**

530 W. ALLEGAN STREET, P.O. BOX 30643 - LANSING MICHIGAN
48933 Phone: (517) 284-7740 Fax: (517) 284-7735

Applicant name: (Mr.)(Ms.)		
Home address:		
City:	State: Michigan	Zip:
Home phone:	Cell phone:	

Present Employer:		
Business address:		
City:	State:	Zip:
Business phone:	Fax:	
E-mail address:		

Name the MIOSHA Advisory Committee(s) you are interested in serving on:

List any other MIOSHA Advisory Committee(s) that you currently serve on:

Who do you represent? (Select One)	Labor: <input type="checkbox"/>	Management: <input type="checkbox"/>	Technical Advisor: <input type="checkbox"/>
---------------------------------------	---------------------------------	--------------------------------------	---

Is your employer aware of this application?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Does your employer support your participation?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are you a registered lobbyist:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Will you benefit from financial gain if you are appointed to a committee:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Include letter(s) of endorsement, if applicable. Reason for applying for this committee:

Signature:	Date:
------------	-------

**Please attach a resume of your work history or areas of expertise or interest in safety and health concerns for the advisory committee(s) you are applying for.
Applications will be returned without a resume.**