



APPLICATION FOR A WISCONSIN LAND INFORMATION COUNCIL APPOINTMENT

INSTRUCTIONS

Thank you for expressing an interest in serving Wisconsin. To be considered, please complete the application below.

PART I

Name (First, Middle Initial, Last):	
Home Address 1:	
Address Line 2:	
Primary Phone:	Secondary Phone:
E-mail Address:	
Date of Birth:	
Job Title, Company:	
Work Address 1:	
Address Line 2:	
Preferred Mailing Address (please check one): <input type="checkbox"/> Home <input type="checkbox"/> Work	
Are you a state employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list your Department and Division.	
Are you an elected official? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is your position?	
Are you a licensed/certified professional? If so, please specify.	
Do you belong to any professional groups? If so, please specify.	

****Demographic Information Is Optional***

Disability:	Veteran:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:

Part II

Name (First, Last):

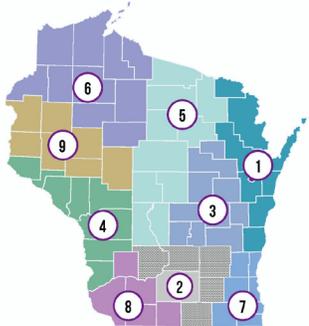
Appointment Sought:

<input type="checkbox"/> A representative of the realtor industry	<input type="checkbox"/> Land information officer
<input type="checkbox"/> Utility industry representative	<input type="checkbox"/> Register of deeds
<input type="checkbox"/> Land title or financial lending industry representative	<input type="checkbox"/> Real property lister
<input type="checkbox"/> Licensed professional land surveyor	<input type="checkbox"/> Public safety or emergency communications representative
<input type="checkbox"/> Geospatial professional	<input type="checkbox"/> Representative of state or federal government active in land information management
<input type="checkbox"/> County surveyor	<input type="checkbox"/> State cartographer

Did any **trade association/organization** endorse your application to this council? If so, which?

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Region:

<input type="checkbox"/> 1 Bay-Lake	
<input type="checkbox"/> 2 South Central	
<input type="checkbox"/> 3 East Central	
<input type="checkbox"/> 4 Mississippi River	
<input type="checkbox"/> 5 North Central	
<input type="checkbox"/> 6 Northwest	
<input type="checkbox"/> 7 Southeastern	
<input type="checkbox"/> 8 Southwestern	
<input type="checkbox"/> 9 West Central	

RESUME

Please attach a copy of your resume to this application. Please include all relevant work experience, education, community involvement, government or military service, honors, awards and other talents.

<p>Applications should be e-mailed to: WLIP@wisconsin.gov</p> <p>Or mailed to: Wisconsin Land Information Program Wisconsin Department of Administration 101 E Wilson Street, 9th Floor Madison, WI 53703</p>

This document can be made available in alternate formats to individuals with disabilities upon request.