



# Appointment Technical Advisory Committee

## Primary Voting Member:

Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Alternate Voting Member:

Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Appointing Official

Signature : \_\_\_\_\_

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

Title: \_\_\_\_\_

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

Please return completed form no later than Friday, December 26, 2025

Return To: Lucinda Martinez  
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713-993-4516