

Advisory Committee Application

Please submit completed application to DNR Board c/o Sandy Rucker, PO Box 167, Columbia, SC 29202, or email board@dnr.sc.gov

Name (Last, First, Middle):			
Mailing Address:			
City:	State:	Zip Code:	
Physical Address (if different from above):			
City:	State:	Zip Code:	
County:	Congressional District:		
Home Phone:	Cell Phone:		
Email:	Driver's License Number:		
Date of Birth: Gender:	Race:		
Employer Name:			
Employer Address:			
City:	State:	Zip Code:	
Applicant agrees to submit to a state criminal background	l check.		
Please indicate your interest below (you may select more than	one):		
Land, Water and Conservation Advisory Committee			
Law Enforcement Advisory Committee			
Marine Advisory Committee			
Wildlife and Freshwater Fisheries Advisory Committ	ree		

21-13094 Updated 10/2021

Have you had any hunting, fishing or criminal violations (excluding traffic violations) in the last three years?	
Yes	No
If yes, please exp	olain:
Is there any way	that you or a family member would stand to benefit financially from your serving on this advisory committee?
Yes	No
If yes, please exp	plain:
Dlagga brighty di	scuss your interests, background and experience in the areas of natural resource use, enjoyment, conservation, science,
	you feel qualifies you to serve as an advisory committee member:
I agree to:	
Attend at le	ast 75% of all meetings unless excused by the Advisory Committee Chair;
Participate	actively and openly in the business of the Committee;
And to supp	port the public positions of the Committee and Department on all matters.
By signing, I agr	ee that all of the information provided is true and accurate to the best of my knowledge.
Signature:	Date:

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