



**Gubernatorial Appointments Form for General Information\*\***  
**Governor's Appointments Office**  
**(850) 717-9243 or Appointments@eog.myflorida.com**

Date Completed \_\_\_\_\_

The information from this form will be used by the Governor's office and, where applicable, The Florida Senate in considering action on your confirmation. The form **MUST BE COMPLETED IN FULL**. Answer "none" where appropriate. **Please print in black ink.**

Board of Interest: \_\_\_\_\_

Seat of Interest: \_\_\_\_\_

Full Name: Mr/Mrs./Ms. \_\_\_\_\_  
(Last) (First) (Middle)

Have you ever been known by any other legal name? If "yes" please explain: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (County) (Zip)

Business Address: \_\_\_\_\_  
(Street) (City) (State) (County) (Zip)

Mail to: ☐ Home ☐ Business ☐ Other Address: \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip)

E-mail Address: \_\_\_\_\_  
(or write "NONE")

Sex: ☐ Male ☐ Female

Race: ☐ Asian  
☐ Black or African American  
☐ Native American or Alaska Native  
☐ White

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(or write "NONE") (or write "NONE")

☐ Other: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Extension: \_\_\_\_\_  
(or write "NONE")

Florida Driver's License (or other State of Florida Issued ID): \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a United States citizen? ☐ Yes ☐ No If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

Since what year have you been a continuous resident of Florida?: \_\_\_\_\_ Are you a registered Florida voter?: ☐ Yes ☐ No

County: \_\_\_\_\_ Current party Affiliation: \_\_\_\_\_

As a general matter, applications for appointment are public records, which may be requested by anyone; however, Florida law does provide some exemptions from the public records law for identifying information of certain covered individuals including their spouses and children.\*\*\* If you believe that an exemption from the public records law applies to your submission, please check the box below. By checking the box you are submitting a written request for the EOG to maintain the exemption of your identifying information as provided by law (see section 119.071(4)3., Florida Statutes).

☐ Yes, I assert that my identifying information provided in this application is exempt from Florida's public records law.

If you need additional guidance as to the applicability of any public records law exemption to your situation, please contact the Office of the Attorney General:

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0158

\*\*This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis.

\*\*\*Covered individuals include but are not limited to: current or former law enforcement officers, correctional and correctional probation officers, firefighters, service members serving after September 11, 2001, judges, assistant state attorneys, assistant and statewide prosecutors, assistant public defenders, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families (see section 119.071, Florida Statutes).