## APPLICATION FOR **COUNTY OF EL DORADO BOARD, COMMISSION, OR COMMITTEE**

Return to: Clerk of the Board of Supervisors

County Government Center

330 Fair Lane, Placerville, CA 95667

e-mail: edc.cob@edcgov.us

BUARD OF SUPERVISUA

2014 APR -9 AM 10: 34

**DATE REC** 

fic Gas and tric Company® ☐ Copy to Super

INSTRUCTIONS: Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per ac desire consideration. For more complete information or assistance contact the Clerk of the Board of Supervisors' Office. This applica period of one year only. After one year it is necessary to file a new application for another year of eligibility. Please prin

Board/Commission Applying for:     Community and Economic Development Advisory Committee		2. Today's Date:	Pacii Elect
		04/07/2014	Pa Figure Figure
3. Name: Nava Ma	ark V	4. E-Mail Address:	Pacin PRS: Elect Mark Nava Executive, Egonomi
Last First	Middle	,	_ ZX.
5. Address:		6. Telephone:	
Number Street		Home	
City	Zip Code	Business	
7. Occupation/Title:		Employer:	
Economic Development Expert-CRM  8. List all County board, commissions or		PG&E	
9. Summary of qualifications related to g	group(s) listed above (Mh	ant experience or special knowledge d	o you bring to your area of
<ol><li>Summary of qualifications related to g interest?)</li></ol>	group(s) listed above. (wr	hat experience or special knowledge of	o you bring to your area or
32 years in the utility industry and econ - business attraction, expansion, and re - Utility Incentives, energy efficiency me	etention	-	
10. Affiliations with professional and/or c	community groups:		
Solano EDC, SACTO, Business Bridge	, Nevada County ERC,	SAC Metro Chamber ED, SARTA	
11. Why do you seek appointment?			
Promote economic principles and pract	ices that leads to overal	Il community prosperity.	
12. Additional Information: Give any infor community organization membership Committee. Attach additional sheets a	os, or personal interests th		
At large member			
•			
13. Indicate Supervisor who will receive a	copy of this application:		-
Appointees to Boards, Commissions or Co Workers Compensation, health insurance,			
Mark V. Nava	1 / 1 / 1	SIGN HERE 04	4/07/2014
Signature of Applicant		Date	

Clear Form

REVISED 1/6/2011 11:55 AM

Spell Check

You can save this completed application and attached to an email and send to edc.cob@edcgov.us

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