

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

APPLICATION FOR APPOINTMENT TO THE: AUDIT COMMITTEE

DEADLINE FOR SUBMITTAL: Friday, March 13, 2026, at 5:00 PM

(Please type or print in ink.)

Name: _____ Home Phone: () _____

Address: _____ City: _____ Zip: _____

Occupation: _____

Employer: _____ Work Phone: () _____

Educational Background/Qualifications: _____

Licenses or Special Certificates held: _____

Organizations to which you belong (professional, technical, community, service): _____

Briefly state why you wish to serve on a Committee or Commission and why you believe you are qualified for the position. (Please be specific and limit your response to 1000 words. Use additional paper if necessary). (Use additional paper if necessary).

References:

1) _____
Name and Telephone Number

2) _____
Name and Telephone Number

3) _____
Name and Telephone Number

I understand that any or all information on this form may be verified. I consent to the release of this information for public purposes.

Signature: _____

Date: _____

Return to: Office of the Authority Clerk at officeoftheauthorityclerk@san.org