

# 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) \_\_\_\_\_

2) \_\_\_\_\_

2) Name and Telephone Number

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**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](mailto:officeoftheauthorityclerk@san.org)