

OFFICE OF THE
GOVERNOR
REQUEST FOR APPOINTMENT
CONSIDERATION BIOGRAPHICAL
INFORMATION FORM

APPOINTEE EXEMPTION DISCLOSURE FORM

Prefix	First Name:	Middle Initial:	Last Name:

Home Address

Street				Apt#:	
City:		County:		State:	MD
Phone:		Cell:		Zip:	
Email:					
Board/Commission					

PART 2: Exemption Requested: Yes, complete part 2 & 3. No, skip to part 3

I request exemption for:	Financial Interest	Employment
	Financial Interest	Employment
Name of entity where interest exists		Employment to be exempted
Address of entity:		Position or title
Interest to be exempted		
Current value		
	Under \$1000	\$1000 - \$5000
	\$5000 - \$10,000	\$10,000 or more

Explain below why you believe you may have financial interests or an employment situation that, in the absence of an exemption, will conflict with your service on the board or commission for which appointment is being considered. You may wish to contact the State Ethics Commission for information or advice at 410-260-7770.

PART 3:		
Signature:	Date:	