



San Bernardino County
Clerk of the Board of Supervisors

385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
(909) 387-3841 Fax (909) 387-4554
Internet: https://cob.sbcounty.gov

RESOURCE CONSERVATION DISTRICT
DIRECTOR APPLICATION

(Public Resources Code 9300 et.seq)

RESOURCE CONSERVATION DISTRICT NAME:

APPLICANT INFORMATION

Name: First: Last: Date of Birth:
Address:
City: State: Zip:
Assessor Parcel Number (APN):
Mailing Address:
City: State: Zip:
Telephone Number: Cell Phone #:

STATEMENT OF QUALIFICATIONS

Occupation:
Education: School Name/Location: Date(s) Attended:
School Name/Location: Date(s) Attended:

ADDITIONAL INFORMATION

In 200 words or less, please indicate your qualifications for this position and what you hope to contribute to the Resource Conservation District:

QUALIFYING INFORMATION

Registered Voter: Yes No If yes, name of County:

MUST FILL OUT SECTION 1, 2 OR SECTION 3 BELOW

1. Residential Landowner within the Resource Conservation District: Yes No
2. Designated Agent of Resident Landowner: Yes No (If yes, fill out information below & attach letter)
a. Name of Landowner:
b. Landowner's Assessor Parcel Number (APN) and Qualifying Address: APN (13 digits):
Address: City:
3. Have Been Associate Director in the District for Two Years or Longer: Yes No

Pursuant to Section 9314 of the California Public Resources Code, no election will be held for the purpose of electing Directors to positions on the Board of Directors for the Resource Conservation District. In lieu of election, the governing board has requested that the County Board of Supervisors appoint a qualified candidate from the list of persons who have filed an application.

I hereby declare that I am a qualified applicant for the office of Director and that I meet the qualifications as noted above. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Applicant: Date Signed:

NOMINATION SIGNATURES (Signatures of Landowners Only – Public Resources Code 9358)		
NO POST OFFICE BOXES – STREET ADDRESSES ONLY		
Name (Please Print): _____	Signature: _____	
Address: _____	City: _____	Zip Code: _____
Name (Please Print): _____	Signature: _____	
Address: _____	City: _____	Zip Code: _____
Name (Please Print): _____	Signature: _____	
Address: _____	City: _____	Zip Code: _____
Name (Please Print): _____	Signature: _____	
Address: _____	City: _____	Zip Code: _____
Name (Please Print): _____	Signature: _____	
Address: _____	City: _____	Zip Code: _____