



## HEALTH LICENSING OFFICE

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### **APPLICATION TO SERVE ON RULES ADVISORY COMMITTEE (RAC)**

**Board / Council Name:**

**Applicant Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone:**  Home  Cell **Business Phone:** **Email:**

**Business or Organization Name:**  
(if applicable):

**Your Title:**  
(if applicable):

**Who recommended you to serve?**  
(If no one, please put N/A):

**What perspective do you represent?**

**Why are you interested in participating in the Rules Advisory Committee process for this board/council?**

Please scan completed form and email to: Maria Gutierrez: [maria.s.gutierrez@state.or.us](mailto:maria.s.gutierrez@state.or.us) or send by mail to the address listed at the top of this form. For questions about serving, please email Maria or call (503) 373-1906.