



MINNESOTA SECRETARY OF STATE NOTICE OF INTENT TO APPOINT

(One copy of this form is to be completed for each appointment)

IT IS THE INTENT OF THE APPOINTING AUTHORITY TO APPOINT:

Thomas Thornberg

Name of appointed member

8100 Wayzata Blvd. St. Louis Park, MN 55426

Preferred Mailing Address*

(* This information will appear on the Office of the Secretary of State web site: www.sos.state.mn.us)

AS A MEMBER OF THE: _____ Governor's Council on Fire Prevention and Control

Name of board, council, commission, or task force

FOR A TERM BEGINNING: _____ immediately _____ AND ENDING _____ 12/31/10 _____

TO SERVE AS: _____ member representing MN Professional Fire Fighters (MPFF)

Type of member: i.e., resident of specific district/county, public or professional member, etc. as required by law

REPLACING: _____ Ted Vanderbeek

Name of previous member or indicate "New Position" or "Reappointment"

I affirm that the foregoing is a full and true statement pursuant to Minnesota Statutes 15.0957, subdivision 6.

Appointing Authority: _____ Date: _____ 1/17/08 _____

Signature

Minnesota Statutes 15.0597, subdivision 6, requires that the appointing authority for a multi-member agency, as defined in Minnesota Statutes 15.0597, subdivision 1, submit written notification of the name of the person the appointing authority intends to appoint at least five days before the effective date of the appointment to the Secretary of State.

If the appointing authority intends to appoint a person other than one for whom the Secretary of State has forwarded an application, the appointing authority shall complete an application on behalf of the appointee and submit it to the Secretary of State with the completed Notice of Intent to Appoint form.

Mail or fax this completed form to: Secretary of State, Open Appointments
180 State Office Building
100 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155-1299
Fax: 651-296-9073

Or deliver in person to: Room 180 of the State Office Building. Phone: 651-297-5845



0802023

STATE OF MINNESOTA
OPEN APPOINTMENTS APPLICATION FOR SERVICE ON STATE AGENCY

All information on this form is available to the public upon request.

Agency Name: * **Governor's Council on Fire Prevention and Control**
 (Name of board, council, commission or task force to which you are applying.)

Position Sought: **Member**
 (Membership position sought or enter "member" if no specific requirements exist for position sought.)

Applicant Name: * **Thomas** **Thornberg**
 (First Name) (Last Name)

Preferred Mailing Address: * **8100 Wayzata Blvd.** **St. Louis Park** **MN** **55426**
 (Street) (City) (State) (Zip)

Work Phone: * () - Home Phone: () -

E-MAIL: * _____

County: _____ **MN House of Rep District:** _____ **U.S. House of Rep District:** _____

** Indicates information that will appear on the Office of the Secretary of State web site: www.sos.state.mn.us*

Have you ever been convicted of a felony: Yes _____ No _____

Did the Appointing Authority suggest you submit your application? YES _____ NO _____

Please attach a current resume or a biographical statement containing work history, education, community activities, etc., and any other information the Applicant or Nominating Person feels would be helpful to the Appointing Authority.

OPTIONAL STATISTICAL INFORMATION

The following information is optional and voluntary. Information is collected for, and compiled in, the annual report on the open appointments process pursuant to *Minnesota Statutes* §15.0597.

Sex: _____ Female _____ Male _____

Political Party: _____ Democratic-Farmer-Labor _____ Independence _____ Republican _____ Other _____ No party preference _____

Disability: _____ Yes _____ No _____

Race*: _____ African American / Black _____ American Indian / Alaska Native _____ Asian _____ Hispanic _____ Native Hawaiian / Pacific Islander _____ White _____ Other Race _____

National Origin: _____ (* Select as many as apply)
 (Country of Origin or Principle Tribe)

I swear that, to the best of my knowledge, the above information is correct and that I satisfy all legally prescribed qualifications for the position sought.

(Signature of Applicant)* _____

(Date) _____

* If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.

MAIL, FAX, OR SUBMIT APPLICATION IN PERSON, TO:

Office of the Secretary of State, Open Appointments
 180 State Office Building
 100 Rev. Dr. Martin Luther King, Jr., Blvd
 St. Paul, MN 55155-1299

FAX: (651) 296-9073
Phone: (651) 297-5845
Email: open.appointments@state.mn.us

Applicants will not receive an acknowledgement of submitted applications; the appointing authority will notify you if an interview is desired.

By request, this application will be made available in alternative format (for example, braille, large print, audio tape, or computer disk.)

FOR OFFICE USE: Sub by AA: _____ AA: _____ Trans Date: _____