



FLORIDA PUBLIC SERVICE COMMISSION APPLICATION



APPLICANT INFORMATION

(TYPE OR PRINT IN INK)

NAME (Last, First, Middle)

(Prior)

MAILING ADDRESS

HOME TELEPHONE

()

CITY, STATE, ZIP

COUNTY

BUSINESS TELEPHONE

()

COMPETENCE AND KNOWLEDGE

Section 350.31(5), Florida Statutes, provides that in order to be nominated to the Governor, the Council must determine that applicants are competent and knowledgeable in one or more of the following fields, which shall include, but not be limited to:

_____ Public Affairs

_____ Accounting

_____ Natural Resource

_____ Law

_____ Engineering

_____ Conservation

_____ Economics

_____ Finance

_____ Energy

Other field(s) substantially related to the duties and functions of the Commission:

In the above list, please indicate the fields in which you assert competence and knowledge. Additionally, please provide details in the "REMARKS" section on the last page of this application of your qualifications in each of the specified disciplines which demonstrate your knowledge and competency.

EDUCATION

A copy of your college transcript must be submitted with the completed application

CIRCLE highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 5 Graduate School 1 2 3 4 5

SCHOOL	DID YOU GRADUATE?		NAME AND ADDRESS	MAJOR / MINOR	DEGREE RECEIVED	MONTH/YEAR GRADUATED	IF NO DEGREE # HRS. EARNED	
	Yes	No					QTR	SEM
High School								
Community/ Vocational/ Technical/ College								
College/ University								
Graduate/ Professional								
Other								

LICENSES•CERTIFICATIONS•SPECIAL SKILLS

Please indicate any special skills, professional or occupational licensure you currently possess.

EMPLOYMENT ELIGIBILITY

Are you legally entitled to work in the United States? _____Yes _____No

SPECIAL NOTE: If you are not a U.S. citizen, you must attach a copy of an I-151 or similar documentation to confirm your eligibility for appointment to the Florida Public Service Commission.

Section 110.1128, Florida Statutes, requires male applicants between the ages of eighteen and twenty-six to provide proof of registration with the United States Selective Service as required by the Military Selective Service Act. If you are in this age group, please provide your date of birth and your Selective Service number.

Date of Birth: _____ Registration Number: _____

EMPLOYMENT

Name of Present or Last Employer: _____

Employment Dates: _____ TO _____

Business Address:

Supervisor:

Name: _____

Title: _____

Telephone: () _____ Ext.:

Hours Per Week: _____ () Part Time () Full Time () Volunteer

Position Title: _____ Ending Salary \$ _____

Primary Duties:

Reason for leaving or seeking other employment:

A resume detailing your employment history should be attached as an addendum to this application.

LEGAL HISTORY

Have you pleaded nolo contendere to, or been convicted of, a first degree misdemeanor or a felony in any court, domestic or foreign?
_____Yes _____No

A conviction includes a plea of guilty, guilty verdict, or finding of guilt, regardless of whether the sentence is imposed by the Court or adjudication is withheld. If "Yes", please explain:

A "yes" answer to these questions will not necessarily preclude you from nomination or appointment. Each case will be judged on its own merit, with respect to time, circumstances, and seriousness.

Have you ever been found guilty in any civil proceeding with conduct involving moral turpitude, dishonesty and/or unethical conduct? _____Yes _____No If "Yes", give particulars.

Have you ever been disciplined to include action taken against your certificate or license or cited for a breach of ethics or unprofessional conduct by any court, administrative agency or professional group? _____Yes _____No If "Yes", give particulars.

GENERAL INFORMATION

Have you ever held public office, including judicial office, or have you ever been a candidate for such office? _____ Yes _____ No
If "Yes", give the details, including the offices involved, whether elected or appointed, and the dates of your service.

If you are presently an officer or director of any business organization, please give details, including the name of the business, the nature of the business, the business address and your title.

If you are appointed to the Florida Public Service Commission, do you intend to resign from your position of employment or from those positions in which you serve as an officer or director of a business organization? _____ Yes _____ No
State your reasons for planning to resign or for planning to continue.

Have any of your present or previous businesses or employers been directly regulated by the Florida Public Service Commission, or by any other state's public utilities commission? _____ Yes _____ No
If "Yes", state the name of the business, the position you held, and the dates of your association with such business.

Have you ever represented yourself or a client before the Florida Public Service Commission, or before any other state's public utilities commission? _____ Yes _____ No
If "Yes", give particulars.

FINANCIAL DISCLOSURE

PART A – NET WORTH

Please enter the value of your net worth as of December 31, 2024, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions.]

My net worth as of _____, 20____ was \$ _____

PART B – ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET

PART C – LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D – INCOME

You may ***EITHER (1)*** file a complete copy of your 2024 federal income tax return, including all attachments, ***OR (2)*** file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

☐ I elect to file a copy of my 2024 federal income tax return. [If you check this box and attach a copy of your 2024 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person—see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E – INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY #1	BUSINESS ENTITY #2	BUSINESS ENTITY #3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK ☐

REMARKS

Use this space to provide specific details of your qualifications which demonstrate your knowledge and competency in the fields listed in Section 350.031(5), Florida Statutes. Also, please include other comments or information you regard as pertinent to your consideration of this position.

CERTIFICATION

I have read the foregoing questions carefully and have answered them truthfully, fully, and completely. I hereby authorize and waive any claim of confidentiality to educational and other institutions, any references furnished by me, employers, business and professional associates, all governmental agencies and instrumentalities, and all consumer and credit reporting agencies to release to the Florida Public Service Commission Nominating Council and the Florida Department of Law Enforcement (FDLE) any information, files, records, or credit reports, whether or not a public record as determined by Florida law, requested by the Council or FDLE in connection with any consideration of me as a possible nominee for appointment to the Florida Public Service Commission.

I understand that this application is a public record according to Florida law and that others can request a copy that will be redacted in accordance with Florida law, and may create alternative means to make the information in it more widely available. The State of Florida is not responsible for the form or the substance of third party redistribution of the application.

Signature: _____ Date: _____