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**AIRPORT AUTHORITY BOARD SEAT APPLICATION**

**Name:** \_\_\_\_\_

**Primary residential address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone: Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email address** \_\_\_\_\_

Which Keystone Heights Airport Authority seat are you applying for? \_\_\_\_\_

In what City/County is your primary residence located. \_\_\_\_\_

How many years have you been in this area? \_\_\_\_\_

Do you currently own or operate an aircraft? \_\_\_\_\_

Have you owned or operated an aircraft in the past? (Give pertinent aviation background)

\_\_\_\_\_

Do you lease property at the Airport? If so, attach copy of lease? \_\_\_\_\_

Please describe any business or administrative experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any experience working with the FAA? \_\_\_ Yes \_\_\_ No; If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any experience managing commercial property? \_\_\_ Yes \_\_\_ No; If yes please describe: \_\_\_\_\_

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Do you have any experience with federal grants? \_\_\_ Yes \_\_\_ No; If yes please describe:

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Why would you like to serve on the Airport Authority? What do you feel your major contribution would be? \_\_\_\_\_

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What is your employment and position held? \_\_\_\_\_

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What has been your main employment background or interest? \_\_\_\_\_

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Do you presently serve on any Governmental Committee? If so, provide name of committee.

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By signing this application, the applicant affirms that he/she is a qualified elector of their respective County, and is qualified under the Constitution and the Laws of Florida and the KHAA Charter to hold the public office of KHAA Board Member.

By signing this application, the applicant affirms that they have no personal, business or professional relationships with the KHAA, any of its Board Members, Employees or Tenants; except as briefly disclosed below (attach a separate sheet if necessary for full disclosure).

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Additional information can be attached to this application.

**Please complete and return to the City of Keystone Heights, P O Box 420 or 555 S. Lawrence Blvd, Keystone Heights, Fl 32656, telephone 352-473-4807.**

\_\_\_\_\_  
Signature and date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
State of \_\_\_\_\_  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2021, by \_\_\_\_\_, who is \_\_\_ personally known to me or have produced their driver license as identification.

\_\_\_\_\_  
*Notary Public signature*

\_\_\_\_\_  
*Notary printed name*

*Commission expires* \_\_\_\_\_

*Seal*