



4244 South Market Court, Suite D
Sacramento, California 95834-1243
(916) 999-2041 FAX (916) 921-7279
WWW.BHGS.DCA.CA.GOV

ADVISORY COUNCIL MEMBERSHIP APPLICATION

The Advisory Council (Council) is an informal, voluntary council dedicated to assisting the Bureau by providing perspective information and insight. Although the Council does not have regulatory authority, it is a critical resource to the Bureau.

The Council provides professional and technical assistance to the Bureau on issues it regulates in California. Members serve in an advisory capacity on policy matters, making non-binding recommendations directly to the Bureau Chief.

The Council's primary responsibilities include:

- ❖ Perspective and advice on consumer and market issues
- ❖ Research and recommend creative solutions to consumer and industry problems
- ❖ Advise the Bureau Chief on outreach efforts to consumers, the public, licensees and the industry
- ❖ Provide information and comments to the Chief on a broad range of policy issues including consumer education, industry outreach and regulatory compliance

The Director of the Department of Consumer Affairs appoints members who serve two-year terms. Members are expected to attend meetings as necessary at various locations throughout the state. The Bureau may provide reasonable travel accommodations for each Council member except when under an Executive Order, which prohibits all discretionary travel.

Name: _____ Date: _____
Mailing Address: _____
_____ Home Phone: (____) _____
Email: _____

Company: _____

Title: _____

Address: _____

Work Phone: (____) _____ Fax: (____) _____

Email: _____

Web Site: _____

Position Sought:

Public Member Affiliation _____

Industry Member: (check all that apply)

- Industry Role: Manufacturer Service Contract Seller Retailer
- Independent Service Repair Professional Service Contract Administrator
- Importer Custom Upholsterer Supply Dealer Movers and Storage

- Product Market: Electronic Appliance Computer Bedding
- Upholstered Furniture Thermal Insulation Movers and Storage

Related Experience:

Professional Licenses, Organizational Memberships, etc.:

Education:

Have you ever served on a Board, Committee or Council for the Department of Consumer Affairs or other California State Agency? Yes No

If yes, please provide the name of the agency or agencies and time period you served in this capacity:

Agency:	_____
From:	_____
To:	_____
Agency:	_____
From:	_____
To:	_____
Agency:	_____
From:	_____
To:	_____

Why do you wish to serve on this Advisory Council?

What do you feel are 2-3 areas of concern for California consumers in the industries that fall under the jurisdiction of this bureau?

I certify under penalty of perjury, under the laws of the State of California, that the information presented above is complete, true and correct to the best of my knowledge and belief. I understand that if I am selected as a member of the Advisory Committee, I will be required to complete a Volunteer Service Agreement and an Oath of Allegiance.

Signature: _____ **Date:** _____