

# FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**NICOLE “NIKKI” FRIED  
COMMISSIONER**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPOINTMENT QUESTIONNAIRE**

Section 472.007(2), Florida Statutes  
Rule 5J-17.086, Florida Administrative Code

Florida Department of Agriculture and Consumer Services  
**Board of Professional Surveyors and Mappers**  
**Appointment Questionnaire**

This questionnaire is being required for all prospective appointees to boards, councils, authorities or committee who have decision making responsibilities. It is also required for appointment for individuals who will make recommendations to the Department concerning the disbursement of funds for particular reasons.

The first part of the questionnaire is to be used to comply with reporting minority representation on boards, commissions, and committees. This is required in Section 760.80, Florida Statutes. The second part of the questionnaire is information we need to determine your qualifications for the desired appointment and basic background information.

Please be assured that we appreciate you taking the time to fill out the questionnaire. We have attempted to make the questionnaire a document which will only give us the information we need to contact you and to determine your qualifications and desires to be appointed. Thank you in advance for your cooperation.

For additional information contact:

Office of External Affairs  
Florida Department of Agriculture and Consumer Services  
PL-10, The Capitol  
400 South Monroe Street  
Tallahassee, Florida 32399-0800

(850) 488-3022

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



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**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
APPOINTMENT QUESTIONNAIRE**

Section 472.007(2), Florida Statutes  
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1-800-HELP-FLA (435-7352)  
(850) 410-3800 • www.FDACS.gov

Send completed application to:

Office of External Affairs  
Florida Department of Agriculture and  
Consumer Services  
PL-10, The Capitol  
400 South Monroe Street  
Tallahassee, FL 32399-0800

The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please provide details in the space provided or include a separate sheet of paper attached to this document.

**Date Completed:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name:**

\_\_\_\_\_

**Have you ever been known by any other legal name?**

Yes\*\*    No   **\*\* If Yes, please explain:** \_\_\_\_\_

**Preferred Mailing Address:**

Home    Business

**Home Address** (if applicable please include suite and/or unit numbers):

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Contact Number(s):** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
*Home Phone Cellular Phone*

**Business Address** (if applicable please include suite and/or unit numbers): \_\_\_\_\_ **Business Telephone:** \_\_\_\_\_  
\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Board of Interest:**  
Board of Professional Surveyors and Mappers

**Current Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Are you applying for reappointment:**

Yes    No

**Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_    Male    Female

**Race:**  
 Asian or Pacific Islander    Black or African American    Native American or Alaskan Native  
 Spanish, Hispanic, or Latino    White or Caucasian    Other

**Do you have a disability?**

Yes\*\*  No

\*\* If Yes, please describe your disability briefly. Please remember that any medical information you disclose may be available for public inspection under the state of Florida's broad public records law.

**Do you now, or have you been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time you belonged on the basis of race, religion, national origin, or gender?**

Yes\*\*  No

\*\* If Yes, detail the name and nature of the club(s) or organizations, relevant policies and practices, and state whether you intend to continue as a member if you are appointed by the Commissioner.

**The above information will be used to comply with Florida Statute Section 760.80, "Minority representation on boards, commissions, councils, and committees."**

**APPLICANT INFORMATION**

**Are you a United States citizen?**

Yes  No\*\* \*\* If No, please explain: \_\_\_\_\_

**Are you a registered voter?**

Yes\*\*  No \*\* If Yes, party affiliation: \_\_\_\_\_

**Education:**

High School Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

**List all post-secondary educational institutions attended:**

Name and Address of Institution	Year of Graduation	Certification / Degree

**Have you received any degree(s), professional certification(s), or designation(s) related to the subject matter of this appointment?**

Yes\*\*  No \*\* If Yes, please describe: \_\_\_\_\_

**Are you or have you ever been a member of the armed forces of the United States?**

Yes\*\*  No *If Yes\*\*, please provide the following:*  
Dates of service: \_\_\_\_\_  
Branch or component: \_\_\_\_\_  
Date and type of discharge: \_\_\_\_\_

**Have you ever been convicted of a felony or first degree misdemeanor?**

Yes\*\*  No *If Yes\*\*, please provide the following:*  
**On what charges:** \_\_\_\_\_ **Where convicted?** \_\_\_\_\_ **Date of conviction:** \_\_\_\_\_

Have you ever pled nolo contendere or plead guilty to a crime which is a felony or first degree misdemeanor?

Yes\*\*  No *If Yes\*\*, please provide the following:*

On what charges: \_\_\_\_\_ Where? \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever had adjudication of guilt withheld to a crime which is a felony or a first degree misdemeanor?

Yes\*\*  No *If Yes\*\*, please provide the following:*

On what charges: \_\_\_\_\_ Where? \_\_\_\_\_ Date: \_\_\_\_\_

Please Note: A "yes" answer to these questions will not automatically bar you from appointment. The nature, appointment relatedness, severity and date of the offense in relation to the appointment for which you are applying will be taken into consideration.

Please list your last three employers or all employers during the last five years. Attach additional sheets as necessary.

<b>Employer 1</b>	<b>Employer / Company Name:</b> _____	<b>Employer / Company Address:</b> _____		
	<b>City:</b> _____	<b>State:</b> _____	<b>Zip Code:</b> _____ - _____	
	<b>Type of Business:</b> _____	<b>Occupation/Job Title:</b> _____		
	<b>Dates of Employment:</b>			
	From: _____	To: _____		

<b>Employer 2</b>	<b>Employer / Company Name:</b> _____	<b>Employer / Company Address:</b> _____		
	<b>City:</b> _____	<b>State:</b> _____	<b>Zip Code:</b> _____ - _____	
	<b>Type of Business:</b> _____	<b>Occupation/Job Title:</b> _____		
	<b>Dates of Employment:</b>			
	From: _____	To: _____		

<b>Employer 3</b>	<b>Employer / Company Name:</b> _____	<b>Employer / Company Address:</b> _____		
	<b>City:</b> _____	<b>State:</b> _____	<b>Zip Code:</b> _____ - _____	
	<b>Type of Business:</b> _____	<b>Occupation/Job Title:</b> _____		
	<b>Dates of Employment:</b>			
	From: _____	To: _____		

Do you currently hold an office or position (appointive, civil service, or other) with federal or any foreign government?

Yes\*\*  No *\*\* If Yes, please explain:* \_\_\_\_\_

Are you currently involved with, employed by, volunteer with or have a contractual relationship with any state, district, or local government agency in the state of Florida?

Yes\*\*  No *If yes\*\*, identify the position(s), the names of the employing agency, and the periods of employment:*

Employing Agency: \_\_\_\_\_

Dates of Employment:  
From: \_\_\_\_\_ To: \_\_\_\_\_

Employing Agency: \_\_\_\_\_

Dates of Employment:  
From: \_\_\_\_\_ To: \_\_\_\_\_

Do you currently have or hold, or have you held in the past, any relationship or financial interest (employment, contractual, or otherwise) with any business entity, state agency or continuing education provider which is subject to the regulation of, or is doing business with the Board of Professional Surveyors and Mappers?

Yes \*\*  No \*\* If Yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

Do you currently have or hold, or have you held in the past, any relationship or financial interest (employment, contractual, or otherwise) that would create a continuing or frequently recurring conflict between your private interests and the performance of your public duties, or that would impede the full and faithful discharge of your public duties?

Yes \*\*  No \*\* If Yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

State your experience and interest or elements of your personal history that qualify you for this appointment:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently an officer, director, or administrator of a Florida state, county, or regional professional association or organization?

Yes\*\*  No \*\* If Yes, please list the office(s) you currently hold:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been elected or appointed to any public office in the state of Florida?

Yes\*\*  No \*\* If Yes, please provide the office title, date of election or appointment, term of office, and level of government (city, county, district, state or federal): \_\_\_\_\_

Has probable cause ever been found that you were in violation of Part III, Chapter 112, F. S., the Code of Ethics for Public Officers and Employees?

Yes\*\*  No \*\* If Yes, please provide details: \_\_\_\_\_

Have you ever been suspended or removed from any office by the Governor or any other Cabinet Officer of the state of Florida?

Yes\*\*  No If Yes\*\*, please provide the following:

Title of Office: \_\_\_\_\_ Reason for Removal/Suspension: \_\_\_\_\_ Date of Action: \_\_\_\_\_ Result: \_\_\_\_\_

Have you been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years?

Yes\*\*  No If Yes\*\*, please provide the following:

Agency Lobbied: \_\_\_\_\_ Principle Represented: \_\_\_\_\_

Have you held, now hold, or applied for, any occupational or professional license or certificate in the state of Florida, or any other state, territory, Indian Nation, or any other jurisdiction within the United States, or a foreign country?

Yes\*\*  No \*\* If Yes, please provide the license or certificate title and number, original issue date, and issuing authority. If any disciplinary action has been taken against you (reprimand, citation, fine, probation, suspension, revocation, disbarment, etc.) by the issuing authority, state the type, and date of action taken:

Title and Number:	Original Issue Date:	Issuing Authority:	Disciplinary Action/Date:
_____	_____	_____	_____
_____	_____	_____	_____

Are you a photogrammetrist?

Yes  No

Name any business, professional, occupational, civic, or fraternal organization(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

Name of Membership	Mailing Address	Office(s) Held and Term(s)	Dates of Membership

Do you know of any reason(s) why you will not be able to attend fully to the duties of the office or position you have been or will be appointed?

Yes\*\*  No \*\* If Yes, explain: \_\_\_\_\_

If required by law or administrative rule, will you file financial disclosure statements?

Yes  No

I authorize all entities, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, and foreign) to release to the Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I understand that by submitting this application, the contents of this application become a public record, except for any information that is confidential or exempt under Florida law. As a result, the Department of Agriculture and Consumer Services will disclose the contents of this application upon request in conformity with applicable Florida law.

Yes  No

*Remainder of page intentionally left blank*

**CERTIFICATION**

State of \_\_\_\_\_,

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

Before me, the undersigned Notary Public, \_\_\_\_\_, who has been duly sworn, says:

- that he/she has carefully and personally prepared or read the answers to the foregoing questions;
- that the information contained in said answers to the foregoing questions are true; and
- that he/she will, as an appointee, fully support the Constitution of the United States and the state of Florida.

\_\_\_\_\_  
Signature of Applicant-Affiant

Sworn to and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

_____ <i>Signature of Notary Public</i>	_____ <i>Name of Notary Public</i>	_____ <i>My Commission Expires</i>
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Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

SEAL