## ACP Workforce Standards Committee Membershi p Applic ation

Phone (Main Number)		Fax	
Street Address	City and State / Province	Zip / Postal Code	Country
Representative Name		Job Title	
Email	Phone (Direct)		
Alternate Name		Job Title	
Email	Phone (Direct)		
Membership Cateç	gory (Please select thc(t 9.20.02 education.	ൖ൬ഁൕൕൕഁ൮ൔ൙ൄൟൄ൝൮൮ൔൄ	æ416266\$6D2244860Tortkj∳Tje0t22444 +0122444
			nting an organization(s) or company or erations and/or ownership interest in a c
manufa	Producers acturer (OEM).		
Consul	tants		
	Members representing organizations or c , offering advice, information, and service		
a demonstrated i	<ul> <li>All other organizations not otherwise nterest or expertise in clean energy indu ng trucking or transportation companies.</li> </ul>		

## **Experience and Qualifications**

1. Provide an explanation of your general knowledge and competence in the scope (work) of the ACP Workforce Standards Committee:

2. What perspective will you be able to provide to the ACP Workforce Standards Committee:

3. Other relevant activities that should be considered in evaluating this application: