



**APPLICATION FOR FREIGHT REPRESENTATIVE**  
METRO COG TRANSPORTATION TECHNICAL COMMITTEE (TTC)

**APPLICANT INFORMATION**

Name:

Phone:

Email:

Preferred mailing address:

City:

State:

ZIP Code:

**EMPLOYMENT INFORMATION**

Current employer:

Employer address:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

**WHAT SKILLS, TRAINING, OR EXPERIENCE DO YOU HAVE RELATED TO THE WORK OF THE TRANSPORTATION TECHNICAL COMMITTEE?**

**REASON FOR YOUR INTEREST TO SERVE ON THIS COMMITTEE?**

**PLEASE PROVIDE A BRIEF BIO (200 WORDS OR LESS)**

NOTE: THIS MAY BE INCLUDED IN PACKET MATERIAL TO THE COMMITTEE

**Signature:**

**Date:**

Please return this form to Cindy Gray – [gray@fmmetrocog.org](mailto:gray@fmmetrocog.org)

Or mail to:

**Fargo-Moorhead Metropolitan Council of Governments**

Attn: Cindy Gray

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