



MARINE TRANSPORTATION SYSTEM NATIONAL ADVISORY COUNCIL CANDIDATE INFORMATION REQUEST

U.S. Department of
Transportation

ORGANIZATION OR COMPANY NAME	ADDRESS (No., Street, City, State, and ZIP Code)
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NAME OF ORGANIZATION OR COMPANY HEAD	TELEPHONE (Business)
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INDUSTRY SEGMENT (Check all that apply)

<input type="checkbox"/> Port and/or Terminal Operator	<input type="checkbox"/> State DOT
<input type="checkbox"/> Shipper	<input type="checkbox"/> Shipbuilder
<input type="checkbox"/> Vessel Operator	<input type="checkbox"/> Labor and Workforce Development
<input type="checkbox"/> Non-Marine Transportation Provider	<input type="checkbox"/> Academia
<input type="checkbox"/> Metropolitan Planning Organization	<input type="checkbox"/> Other (Explain)

NAME OF ORGANIZATION'S OR COMPANY'S INTENDED REPRESENTATIVE ON COMMITTEE, POSITION IN ORGANIZATION, AND BRIEF BIOGRAPHY (*SEPARATE PAGE*)

IS THIS PERSON A REGISTERED LOBBYIST? YES NO

REPRESENTATIVE'S ADDRESS, PHONE NUMBER AND EMAIL ADDRESS

PLEASE PROVIDE A NARRATIVE OF THE ORGANIZATION OR COMPANY AND ITS ROLE IN THE MARINE TRANSPORTATION SYSTEM (MTS) [*NOT TO EXCEED 2 PAGES*]