



Reliable Public  
Power Provider

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## Nomination for RP<sub>3</sub><sup>®</sup> Review Panel

The call for nominations is for the following designated system representation only: (3 seats are currently available for up to three consecutive 2 year terms.)

- **Small System Representative** – APPA member with less than 5,000 customers. General understanding of reliability, safety, workforce development, and system improvement is required.
- **Joint Action Agency/State Association Representative** – APPA member from a Joint Action Agency or State Association with a general understanding of reliability, safety, workforce development, and system improvement is required.
- **System Improvement Representative** – APPA member with expertise in the system improvement and maintenance aspect of utility operations is required.

E-mail this completed form no later than **Tuesday, July 5<sup>th</sup>, 2022** to: [RP3@PublicPower.org](mailto:RP3@PublicPower.org),  
Subject line: *RP3 Review Panel Nomination – [Your Utility Name]*

If you have questions regarding the nomination process, contact the RP3 team at [RP3@PublicPower.org](mailto:RP3@PublicPower.org).



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I nominate the following person for consideration (please print or type):

Nominee's Name: \_\_\_\_\_

Title: \_\_\_\_\_

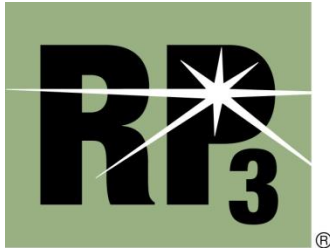
Utility: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Phone, Fax, E-mail: \_\_\_\_\_

Please continue to the next page.



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The nominee is recommended to serve on the RP<sub>3</sub> Review Panel on the following basis:

- (1) Number of years in public power:
  
- (2) Previous job experience, including company or system name, position and number of years in each position (please attach resume if available to provide complete information):
  
- (3) Nominee's current job title and responsibilities (include information to demonstrate candidate's knowledge of technical issues related to utility operations):
  
- (4) APPA activities in which nominee has been or is involved:
  
- (5) Additional qualifications (including memberships in professional or engineering organizations):

Nominator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nominator's Name (printed): \_\_\_\_\_

Utility: \_\_\_\_\_

Title: \_\_\_\_\_

Phone/Fax/Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_