

State Agency CTR Advisory Group Member application

Agency/Institution Name: _____ would like to be a member of the State Agency CTR Advisory Group as it develops and/or updates CTR guidelines and/or polices affecting all state agencies.

Main contact person (should be someone who can represent and make decisions for the agency):

Name: _____ E-Mail: _____

Others in the agency who will be participating (list all):

Name: _____ E-Mail: _____

Name: _____ E-Mail: _____

Name: _____ E-Mail: _____

OR

Agency/ Institution Name: _____

would like to be kept informed of the work of the State Agency CTR Advisory Group with the ability for input on policies and guidelines before they are adopted.

would like to participate as a non-voting member.

would like to receive information regarding the State Agency CTR Advisory Group activities including proposed policies and guidelines.

Name: _____ E-Mail: _____

Please return to: stateagencyctr@wsdot.wa.gov