EPA REGION 10
TRIBAL REPRESENTATIVE NOMINATION FORM
National Tribal Operations Committee
Alaska Position 1 Representative

Please Note: Each Tribe is limited to one nomination.
The selected nominee should be an elected Tribal official or Tribal staff from a federally recognized Tribe in Alaska.

[PLEASE PRINT]

Nominating Tribe: _____

Address: _____

_____

Tribal Contact Name & Number: _____

Name and Title of Nominee: _____
(Seek the permission of the nominee prior to submitting the nomination)

Nominee's Contact Number: _____

Nominee's Email: _____

Nominee's Tribal Affiliation: _____

Brief Description of Nominee's Background and Qualifications:
(Attach additional sheets if necessary)

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Signature & Title of Appropriate Tribal Government Official:

_____ _____
NAME DATE