



CITY OF FORT PIERCE

100 NORTH US HWY 1
FORT PIERCE, FLORIDA 34950
(772) 467-3065 FAX (772) 467-3841

APPLICATION FOR APPOINTMENT/REAPPOINTMENT TO FPUA

(City Residency Required)

Name: <u>Hans Kraaz</u>	Phone: <u>772 979 0308</u>
Home Address: <u>1450 Sea way DR</u>	How long at this address? <u>6 months</u>
City/Zip Code: <u>FT. Pierce, FL. 34949</u>	
Are you a qualified elector of the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>applied today</u>	
Occupation: <u>CEO Various companies</u>	Employer Name: <u>IFB/K:K</u>
Do you own a business that operates within the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the address and nature of said business: <u>124 A N 2 ST</u> <u>FT. Pierce, FL. 34950</u>	
Do you now or in the future plan to do business with or have a business relationship with FPUA? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe in detail outlining any businesses or matters deemed appropriate. <u>I own properties that use the FPUA.</u>	
Describe your professional background and what expertise you will bring to the FPUA Board. Feel free to attach your curriculum vitae (CV) or other applicable information. <u>I own Real Estate, Finance, and retail business in Ft. Pierce</u>	
Do you have special training or knowledge in any of the following areas: Utilities: <input type="checkbox"/> Yes <input type="checkbox"/> No Engineering: <input type="checkbox"/> Yes <input type="checkbox"/> No Contracting/Development: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Legal: <input type="checkbox"/> Yes <input type="checkbox"/> No Management: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Finance/Accounting: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Describe your education and background in any of the above areas: <u>Run a company that has over 100 employees, Have built and renovated 30 buildings.</u>	
Are you currently a member of a Commission-appointed board or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what was the nature of the crime(s) you were convicted of:	
If appointed, are you willing to attend a training session which could last at least 5 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Referred by: <u>Butch alexander</u>	Applicant Email Address: <u>Hans@boatloans.net</u>
Date: <u>8/23/19</u>	Applicant's Signature:

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.

Please return form to: City Clerk's Office – 100 North US Hwy 1, Fort Pierce, Florida 34950

fax (772) 467-3841 or via email at lcox@city-ftpierce.com