



CITY OF FORT PIERCE

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

APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Police Officers Retirement Fund Board of Trustees

Name of Board or Boards for which you are applying: _____

Name: Robert Azari		Phone: 828-226-4398	
Home Address: 1710 Rio Vista Dr, Fort Pierce 34949		How long at this address? 4 1/2 years	
City/Zip Code:			
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Occupation: Retired actuary and CPA			
Do you own a business that operates within the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the address and nature of said business:			
Do you now or in the future plan to do business with the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, in what capacity?			
Are you employed by a business that is located within the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, state the business and location:			
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Engineering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Real Estate Brokering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Contracting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Land Development: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other: Describe your education, background, training and knowledge – (feel free to attach a resume): Pension plan consulting actuary (13 years), insurance actuary and accounting (15 years), accounting for real estate developer and utility (3 yr), Fellow Society of Actuaries, Associate Casualty Actuarial Society, Volunteer for Retirement Plan Investment Risk Mgmt. Exam			
Are you currently a member of a Commission-appointed board/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:			
Referred by: N/A		Applicant Email Address: robertazari@gmail.com	
Date: 12/16/2020	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@cityoffortpierce.com