



## APPLICATION FOR HARTSFIELD-JACKSON ATLANTA INTERNATIONAL AIRPORT'S (ATL) CITIZENS ADA COMMITTEE

NAME:	DATE		
ADDRESS		CITY	ZIP CODE
PHONE	CELL	E-MAIL ADDRESS	

### REFERENCES

NAME (FIRST REFERENCE)	PHONE NO.		
ADDRESS	CITY	STATE	ZIP CODE
NAME (SECOND REFERENCE)	PHONE NO.		
ADDRESS	CITY	STATE	ZIP CODE
NAME (THIRD REFERENCE)	PHONE NO.		
ADDRESS	CITY	STATE	ZIP CODE

Please respond to the questions on the next page and enclose them with this form. Also attach a resume (if you have one) with the application.

Mail your completed package to:

Steve Mayers  
 ATL Coordinator for Disability Services  
 Attn: ADA Committee Selection Panel  
 Hartsfield Jackson Atlanta International Airport  
 6000 N. Terminal Parkway  
 Atlanta, GA 30320

**YOU MAY USE ADDITIONAL SHEETS IF MORE SPACE IS NEEDED TO ANSWER QUESTIONS.**

1) Why would you like to serve on the Committee?

2) What background or experience do you have that would contribute to the Airport's desire to better serve people with disabilities?

3) List affiliations you have with groups representing or serving persons with disabilities.