



STATE OF NEW JERSEY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SCIENCE ADVISORY BOARD



**1. Nomination to Panel or Committee Being Formed:**

*Select the name of SAB Committee -*

Board Member:

Committee:  Climate & Atmospheric Sciences  Ecological Processes

Public Health  Water Quality & Quantity  AD HOC Committee(s)

Self Nomination?  **YES** If yes, please proceed to #3.

**NO** If no, please submit a letter from the nominee approving of the nomination and acknowledging the responsibility to serve if selected.

**2. Name of Person Making Nomination:**

First Name of Nominator: \_\_\_\_\_

Last Name of Nominator: \_\_\_\_\_

Person Title (e.g., Dr., Ms., Mr.): \_\_\_\_\_

Affiliation of Nominator: \_\_\_\_\_

E-mail of Nominator: \_\_\_\_\_

**3. Name of Nominee:**

First Name of Nominee: \_\_\_\_\_

Last Name of Nominee: \_\_\_\_\_

Person Title (e.g., Dr., Ms., Mr.): \_\_\_\_\_

Affiliation of Nominee: \_\_\_\_\_

E-mail of Nominee: \_\_\_\_\_

**The nominator is required to submit a one paragraph biographical sketch and Cv or resume for the nominee. Cv and resume must include work and home contact information. This form, biographical sketch and resume must be submitted by e-mail to [njsab@dep.state.nj.us](mailto:njsab@dep.state.nj.us).**

In addition, questions regarding nominations can be e-mailed to [njsab@dep.state.nj.us](mailto:njsab@dep.state.nj.us)