

*Applicant completes top portion of this form.  
Completed forms should be printed, signed, scanned and mailed to the current PUG chair for approval.*

## **TECHNICAL ADVISORY GROUP APPLICATION**

T.A.G.

NAME

TITLE

AGENCY

ADDRESS

TELEPHONE

FAX

E-MAIL ADDRESS

AGENCY CONCURRENCE *(e.g. PUG User Rep, EUD)*

BY \_\_\_\_\_ TITLE \_\_\_\_\_



TAG COORDINATOR RECOMMENDATION:

Signature \_\_\_\_\_ Date \_\_\_\_\_

CHAIR APPROVAL:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**The Project Users Group encourages all member states to participate in any and all TAGS. However, in the interest of fairness there can only be one authorized representative from each state in each TAG.**