



AUTHORITY TO RELEASE INFORMATION

I understand that in verifying my application (attached as Exhibit A) to be considered as a potential candidate for the Board of Directors of the Kauai Island Utility Cooperative (KIUC), a background check may be required. I hereby authorize KIUC to perform a background check regarding criminal records and other information provided on this form and on my application. I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquires or disclosures. A report may be generated summarizing this information.

I further understand and waive my right to privacy regarding the background check and release and hold harmless KIUC and its agents from any liability.

I have a right to obtain a copy of the background check by directing a written request to KIUC.

I certify that all statements and answers on my application are true and complete to the best of my knowledge. I understand that if any statements are found to be false or misleading or that if information has been omitted, this will be cause for disqualification.

Last Name	First Name	Middle Name
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Previous Name/Maiden Name/ A.K.A.'s	Date of Change
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Street Address

City	State	Zip Code
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Please list the cities and states you have lived in, if the above address does not encompass seven (7) years

Social Security No.	Date of Birth
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Driver's License Number

**I understand that a photocopy of this authorization would be accepted with the same authority as the original.
This release will expire one year after the date of origination.**

Signature	Date
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PROSPECTIVE DIRECTOR CANDIDATE APPLICATION

Name: _____

Address: _____

Phone: _____

Mobile: _____

E-Mail: _____

Contact phone and/or email for media/members:

1. Are you a member of KIUC as defined in Article I of the Bylaws?

Yes _____ No _____

2. Are you an officer, director or employee of any entity which earned more than 40% of its gross revenue from KIUC currently or within any of the 3-years immediately preceding the date of the current Director election for which you are running?

Yes _____ No _____

3. Do you have any conflict of interest that would affect your ability to fulfill your duties as a member of the KIUC Board? (A "conflict of interest" is any activity that is inconsistent with KIUC's best interests, or that gives the appearance of impropriety or divided loyalty, or interferes with the director's ability to fulfill the duties of care and loyalty. For example, if you supply goods or services to KIUC there is a potential conflict of interest.)

Yes _____ No _____

If you answered "Yes", please provide details:

4. Please describe why you are interested in being considered as a candidate for the KIUC Board of Directors:

5. What experience do you possess that you feel will help you to fulfill the duties as a member of the KIUC Board? Please include any community and professional organizations.

6. Education:

School Name	Location	Degree Title	Major	Year

7. Are you legally able to enter into a legally binding contract?

Yes _____ No _____

8. Are you related by marriage, blood, adoption or other legal relationship with any director or employee of KIUC?

Yes _____ No _____

If you answered "Yes", please provide details:

9. Have you ever been convicted (but not pardoned) of a felony or are you a named subject of a pending felony proceeding?

Yes _____ No _____

If you answered "Yes", please provide details:

10. Please provide any further information or comments that you feel are important to the consideration of your application, and attach any additional information that you feel is relevant to the consideration of your application.

Signature: _____

Date:

Name: _____
(Please print)