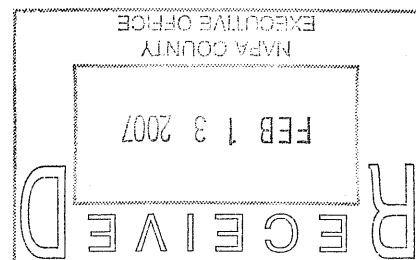


BRIDGEFORD
FLYING SERVICES
NAPA VALLEY



05 February 2007

TO: COUNTY EXECUTIVE OFFICE
1195 Third Street, Suite 310
Napa, CA 94559

RE: APPOINTMENT TO THE AIRPORT ADVISORY COMMISSION

TO WHOM IT MAY CONCERN:

As Chief Executive Officer of Bridgeford Flying Services, a Fixed Base Operator at the Napa County Airport, I am requesting that you re-appoint Harold Morrison to the Airport Advisory Commission.

Sincerely,

Mark Willey
CEO

SINCE 1946:

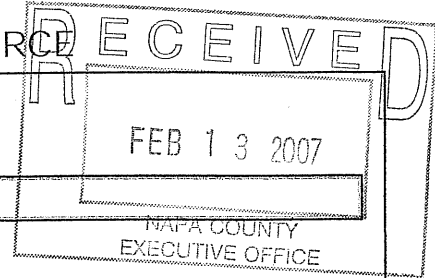
LINE SERVICE
INSTRUCTION
RENTALS
CHARTER
SALES
MAINTENANCE



County Executive Office
 1195 Third Street, Room 310
 Napa, CA 94559-3082
 (707) 253-4421 FAX (707) 253-4176

eAFA

APPLICATION FOR APPOINTMENT TO
 BOARD, COMMISSION, COMMITTEE OR TASK FORCE



PLEASE TYPE OR PRINT (Complete pages 1 through 3)

*Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

AIRPORT ADVISORY COMMISSION

*Category of membership for which you are applying:
*(This information can be found on the news release announcing the opening.
 You may apply for more than one category if more than one position is open.)*

COMMERCIAL AVIATION OPERATOR AT THE AIRPORT

*Supervisory District in which you reside:

DISTRICT THREE

*Full Name

HAROLD DOUGLAS MORRISON

Date

2007-02-05 11:15:1

*Current Occupation (within the last twelve (12) months):

PRESIDENT, BRIDGEFORD FLYING SERVICE

Current License (Professional or Occupational); Date of issue and/or expiration including status:

**A.T.P. (AIRLINE TRANSPORT PILOT)
 COMMERCIAL PILOT LICENSE, MULTI-ENGINE/JET
 ALL LICENSES ARE CURRENT**

Education/Experience: *(A resume may be attached containing this and any other information that would be helpful to the Board in evaluating your application.)*

BACHELOR OF SCIENCE, PACIFIC UNION COLLEGE

Community participation (nature of activity and community location):

**PAST PRESIDENT, ST. HELENA KIWANIS CLUB
 PAST PRESIDENT, ST. HELENA CHAMBER OF COMMERCE
 ADVISORY BOARD MEMBER, NAPA COMMUNITY BANK**

Other County Board/Commission/Committee on which you serve/have served:

[Empty box for other county board/committee information]

* Denotes Mandatory Entry Required

Application for Appointment to: *(Name of Board, Commission, Committee or Task Force)*

Names, addresses and phone numbers of three (3) individuals familiar with your background:

*Name

JUDGE RICHARD BENNETT

*Name

REN HARRIS

*Address

*Address

*City

*State *Zip Code

*City

*State *Zip Code

*Telephone

*Telephone

*Name

MICHAEL HUBBARD

*Address

*City

*State *Zip Code

*Telephone

Name and occupation of spouse within the last 12 months, if married (for Conflict of Interest purposes):

SHIRLEY MORRISON - HOMEMAKER

*Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute:

As a life-long resident of Napa County, a licensed pilot and president of a Fixed Base Operation at the airport, I have real concern for the welfare of the Napa County Airport and aviation in general.

I have been an active member of this committee and it is my desire to continue to be involved in working toward the improvement of the present and future safety, economic and general operating conditions at the airport.

My aviation history began with flying with my father in and out of the numerous dirt strips that formerly populated this valley and has continued through forty years of private and commercial flying from the Napa County Airport to operating an aviation business here. I feel that I am able to offer a historical perspective along with that of a FBO operator and commercial pilot.

Thank you for considering my re-appointment to the Napa County Airport Advisory Commission.

Respectfully,

Harold D. Morrison

Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

[Redacted box]

APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE.

PLEASE NOTE THAT APPOINTEES MAY BE REQUIRED BY STATE LAW AND COUNTY CONFLICT OF INTEREST CODE TO FILE FINANCIAL DISCLOSURE STATEMENTS.

All applications will be kept on file for one year from the date of application

PERSONAL INFORMATION

The following information is provided in confidence to the extent that it will not be posted on the Internet, but may be used by the Board of Supervisors when making the appointment, or be used by the committee/commission/board/task force following appointment for purposes of communicating with the appointee.

Full Name

HAROLD DOUGLAS MORRISON

*e-mail Address

[Redacted box]

*Home Address

[Redacted box]

*Work Address

[Redacted box]

*City State *Zip Code

*City State Zip Code

*Telephone

[Redacted box]

Telephone

[Redacted box]

Please Read!