## **WITNESS REGISTRATION**

Oregon State Legislature

Committee Name: Senate B	usiness & Transpor	tation
Public Hearing on: 58 7	5 Date:_	3/16/15

Please register if you wish to testify on the above named measure/issue. 

Please print legibly.

Name and Organization <u>or</u> County of Residence PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
PLEASE PRINT LEGIBLY  Jim Gardines  US TIA			X	X			X	