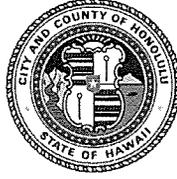


OFFICE OF THE MAYOR
CITY AND COUNTY OF HONOLULU

530 SOUTH KING STREET, ROOM 300 * HONOLULU, HAWAII 96813
PHONE: (808) 768-4141 * FAX: (808) 768-4242 * INTERNET: www.honolulu.gov



KIRK CALDWELL
MAYOR

EMBER LEE SHINN
ACTING MANAGING DIRECTOR

GEORGETTE T. DEEMER
DEPUTY MANAGING DIRECTOR

January 24, 2013

The Honorable Ernest Y. Martin, Chair
and Members
Honolulu City Council
530 South King Street, Room 202
Honolulu, Hawaii 96813

RECEIVED
CITY CLERK
& C OF HONOLULU
2013 JAN 28 AM 11:13

Dear Chair Martin and Councilmembers:

With reference to Mayor's Message No. 5(13), please find enclosed information which may assist the Council as it considers my request to confirm Mark K. Rigg as the Director of the Honolulu Emergency Services Department.

Sincerely,

A handwritten signature in black ink, appearing to read "Kirk Caldwell".

Kirk Caldwell
Mayor

Enclosures

CITY AND COUNTY OF HONOLULU
NOMINEE/APPOINTEE FORM

1. Position Nominated to: Director of Emergency Services
2. Name: Mark Knapp Rigg
(First) (Middle) (Last)
3. Are you a citizen of the United States? Yes No
Are you a resident of the City and County of Honolulu? Yes No
If yes, how long 56 yrs
Are you a registered voter in the City and County of Honolulu? Yes No
4. Occupation: Director Designate of the Department of Emergency Services
5. Name and address of employer or firm:
City and County of Honolulu
6. Does your employer do any business with the City and County of Honolulu?
Yes No If yes, state the nature of business and approximate dollar amount in the last five years:
N/A
7. Do you or does any member of your immediate family hold office or own stock in any firm?
Yes No
8. Does the firm do business with the City and County of Honolulu? Yes No
If yes, provide details including the name(s) of the firm:
N/A
9. Do you have any part-time employment, professional activity, or financial interests other than those indicated in the previous question? Yes No
If yes, provide details:
10. Do you foresee any possible conflict between your present work, financial investments, business transactions or any other activity which would be incompatible with the proper discharge of your official duties or hinder you from effectively carrying out the duties for which you have been appointed? Yes No
11. Are any members of your family employed by the City and County of Honolulu or any attached agency? Yes No If yes, please specify the department and division:
Honolulu Fire Department: Inspection
12. Are there any incidents in your past that may jeopardize your nomination
Yes No
13. Have you ever been convicted of a felony? If yes, provide details:
No

14. Education:
Pepperdine University, Malibu California, Bachelor of Science, Sports Medicine 1980
Mobile Intensive Care Technician Licensure Program 1982
Punahou School 1975

15. Provide a summary of major work experience for the last ten (10) years. Begin with your present job including military (attach additional sheets if necessary or resume):
Deputy Director, Honolulu Emergency Services Department, Feb 2011 to Dec 2012
C&C Honolulu Emergency Medical Services, District Chief, Nov 2007 to Feb 2011
C&C Honolulu Emergency Medical Services, Unit Supervisor, Nov 2004 to Nov 2007

16. Community activities, etc. (also list any service on any other board or commission Federal, State or County):
None

17. Have you ever been a member of a board or commission with the City and County of Honolulu?
Yes No If yes, provide name(s) of board/commission:

18. Will you be able to commit to the full term of this appointment? Yes No

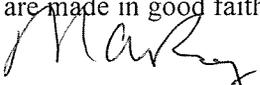
19. Will you be able to commit to meeting dates and times? Yes No

20. Are you regularly away from Honolulu? Yes No If yes, please explain:

21. Are you willing to make a confidential financial disclosure to the city Ethics Commission upon appointment and yearly thereafter? Yes No

22. What do you understand to be the prime duties of your county appointment?
Be the primary provider of emergency medical care. Develop programs and provide training and educational programs related to emergency medical services & injury prevention. Responsible for medical matters relating to public health and welfare. Be primary responder to emergencies arising on the beach and in the near shore waters,

The above statements made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith.


(Signature)

1-23-13
(Date)

The completed form and any attachment(s) will be posted by the City Clerk and available on the City's DocuShare Website.

CITY AND COUNTY OF HONOLULU
NOMINEE/APPOINTEE FORM
Mark K. Rigg

22. Responsible for ocean safety training, educational, and risk reduction programs relating to ocean safety.