

# STATE of MINNESOTA



**TIM PAWLENTY**  
**GOVERNOR**

## NOTICE OF APPOINTMENT

**CHRIS SAVAGE** RECEIVED

700 Huron Road  
Marshall, Minnesota 56258  
County of Lyon  
Congressional District Seven

DEC 20 2010

President of the Senate

Because of the special trust and confidence I have in your integrity, judgment and ability, I have appointed and commissioned you to have and to hold the said office of:


### **NON-METRO HIGH PRESSURE PIPING CONTRACTOR BOARD OF HIGH PRESSURE PIPING SYSTEMS**


Effective: January 1, 2011  
Term Expires: December 31, 2013

This appointment carries with it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Minnesota to be affixed at the Capitol in the City of Saint Paul, December 20, 2010.



  
\_\_\_\_\_  
Governor

  
\_\_\_\_\_  
Secretary of State

Replacing: David Grong

**STATE OF MINNESOTA**

**OPEN APPOINTMENTS APPLICATION FOR SERVICE ON STATE AGENCIES, BOARDS, COUNCILS, COMMISSIONS or TASK FORCES**

*All information on this form is available to the public upon request. By request, this application will be made available in alternative format (for example, braille, large print, audio print, audio tape, or computer disk.)*

Agency Name: Board of High Pressure Piping Systems  
 (Please write the Name of board, council, commission or task force to which you are applying.)

Position Sought: Non-Metro High Pressure Piping Contractor  
 (Membership position sought or enter "member" if no specific requirements exist for position sought.)

Applicant Name: Chris SAVAAGE  
 (First Name) (Last Name)

Preferred Mailing Address: 700 Hazen Rd. Marshall, MN 56258  
 (City) (State) (Zip)

E-MAIL: csavage@carlsonstewart.com

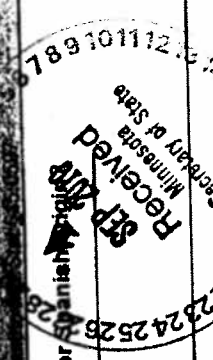
Work Phone: (507) 532-2576  
 Home Phone: (507) 734-5723

County: Lyon U.S. House of Rep District: \_\_\_\_\_

Have you ever been convicted of a felony: Yes \_\_\_\_\_ No    
 Did the Appointing Authority suggest you submit your application? Yes \_\_\_\_\_ No \_\_\_\_\_

*Please attach a current resume and a cover letter that would demonstrate your interest and qualifications to the Appointing Authority.*

Sex: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Age: <u>38</u>	Disability: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Political Party: <input type="checkbox"/> Democratic-Farmer-Labor <input checked="" type="checkbox"/> Independence <input type="checkbox"/> Republican <input type="checkbox"/> No Party Preference <input type="checkbox"/> Other _____	Hispanic, Latino, or Spanish Speaking: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Race: (As listed on United State Census 2010) (Pick as many as apply)	<input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black, African Am., or Negro <input type="checkbox"/> Chinese	<input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other Race _____	Present of the _____



**RECEIVED**  
 EC 29 2010

Date: 9/27/10  
 (Date)

I swear that, to the best of my knowledge, the above information is correct and that I satisfy all legally prescribed qualifications for the position sought.  
 (Signature of Applicant) Chris Savage (\* If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.)

**MAIL, FAX, OR SUBMIT APPLICATION IN PERSON, TO:**  
 Office of the Secretary of State, Open Appointments  
 180 State Office Building  
 100 Rev. Dr. Martin Luther King, Jr., Blvd  
 St. Paul, MN 55155-1299

FAX: (651) 296-9073  
 Phone: (651) 556-0643  
 Email: [open.appointments@state.mn.us](mailto:open.appointments@state.mn.us)

Applicants will not receive an acknowledgement of submitted applications, the appointing authority will notify you if an interview is desired.

FOR OFFICE USE:  
 Secretary of State  
 Governor  
 09/29/2010

**Chris M. Savage**  
**Carlson & Stewart Refrigeration, Inc.**

I Graduated from the South Dakota School of Mines and Technology in May of 1995 with a BS in Mechanical Engineering.

After graduation I took a position with a major Minnesota food manufacturing company and worked for them for 11 years in multiple locations. During this time I gained invaluable experience in many aspects of mechanical engineering, including industrial (ammonia) refrigeration and high pressure steam.

In August of 2002 I received my Professional Engineer license in the state of Minnesota and to date maintain a current license.

I came to work at Carlson & Stewart Refrigeration, Inc. in July of 2006. In November of 2007 I received my HPP Contracting Pipefitter license in the state of Minnesota. I have also received contractor licensing in Fargo, ND, and Sioux Falls, SD.

At this point I continue to work for Carlson & Stewart Refrigeration, Inc., dealing with all aspects of ammonia refrigeration. I am actively involved with IIAR (International Institute of Ammonia Refrigeration) and RETA (Refrigeration Engineers and Technicians Association.)

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DEC 20 2010

President of the Senate