Membership Form - Program Advisory Committee for Chapter 74-Approved Vocational Technical Education Program

DISTRICT: GREATER LAWRENCE TECHNICAL **SCHOOL YEAR: SY 25-26** **PROGRAM NAME:** AVIATION

FACILITATOR: JOHN TURNER **DATE OF COMPLETION:** OCTOBER 23, 2025

PROVIDE THE FIRST AND LAST NAME OF ALL COMMITTEE MEMBERS. *(NOTE: SCHOOL DISTRICT STAFF FROM ANY SCHOOL DISTRICT MAY NOT BE MEMBERS OF THE PROGRAM ADVISORY COMMITTEE. DO NOT LIST THEM BELOW.)* PROVIDE THE ADDRESS FOR EACH MEMBER INCLUDING STREET NAME & NUMBER, CITY/TOWN, STATE, ZIP CODE, DAYTIME OR CELL PHONE TELEPHONE NUMBER AND EMAIL ADDRESS.	PROVIDE THE COMPANY NAME FOR EACH BUSINESS/INDUSTRY REPRESENTATIVE; THE ORGANIZATIONAL TITLE FOR THE ORGANIZED LABOR REPRESENTATIVE; THE NAME OF THE SCHOOL/COLLEGE/UNIVERSITY FOR THE POSTSECONDARY REPRESENTATIVE AND THE ORGANIZATIONAL TITLE FOR THE REGISTERED APPRENTICESHIP PROGRAM REPRESENTATIVE. [1]ORGANIZED LABOR REPRESENTATION IS NOT REQUIRED ON INDIVIDUAL PACS IF THE SCHOOL'S GENERAL ADVISORY COMMITTEE INCLUDES SUCH REPRESENTATION. [2]POSTSECONDARY REPRESENTATION IS REQUIRED ON ALL PACS. THAT REQUIREMENT CAN BE MET WITH REPRESENTATIVES OF POSTSECONDARY EDUCATION INSTITUTIONS OR REGISTERED APPRENTICESHIP PROGRAMS. [3]PRIOR TO THE APPROVAL OF A NEW PROGRAM, THE PARENT/GUARDIAN AND STUDENT REPRESENTATION REQUIREMENT MAY BE MET BY INVOLVING ONE OR MORE PARENTS AND STUDENTS NOT YET ASSOCIATED WITH THE PROGRAM. THEIR ROLE IS TO ENSURE THAT THE PERSPECTIVES OF PARENTS AND STUDENTS ARE CONSIDERED IN THE DEVELOPMENT OF THE PROGRAM.	**COMPOSITION** *(CHECK AS APPLICABLE)*			**TYPE OF REPRESENTATION** *(CHECK ONE BOX FOR EACH NAME LISTED)*					
		PERSON WITH DISABILITIES	RACIAL OR LINGUISTIC MINORITY	NON- TRADITIONAL BY GENDER (IF APPLICABLE)	BUSINESS/INDUSTRY	ORGANIZED LABOR [1]	POSTSECONDARY INSTITUTION [2]	REGISTERED APPRENTICESHIP [2]	PARENT/GUARDIAN[3]	STUDENT[3]
CHAIRPERSON										
TOM BEAR	Owner Air Bear Aviation 603-490-4049 9A Lafayette Road #3 NORTH HAMPTON NH 03862 TBEAR@MYAIRBEAR.COM				X					
BRYAN COMEAU	59 NORTH MAIN STREET SALEM, NH 03079 EXECUTIVE JET MANAGEMENT AIRCRAFT MAINTENANCE MANAGER 180 HANSCOM DRIVE BEDFORD, MA 01730 603-212-6285 A@P CERTIFIED MECHANIC BJC33083@GMAIL.COM				X					
JAKE LABRECQUE	jakelabrec12@gmail.com 97 Pilgrim Circle Methuen, MA 01844									X
MIKE LEBRECQUE	mikelabrec@gmail.com 97 Pilgrim Circle Methuen, MA 01844 978-609-7756								X	
JOHN MCGROERTY	MBM HELICOPTERS 492 SUTTON ST, NORTH ANDOVER, MA 01845 HTTPS://WWW.MBMHELICOPTERS.COM/ 978-866-8893/978-689-7600 John@MBMhelicopters.com				X					

Membership Form - Program Advisory Committee for Chapter 74-Approved Vocational Technical Education Program

DISTRICT: GREATER LAWRENCE TECHNICAL **SCHOOL YEAR:** SY 25-26 **PROGRAM NAME:** AVIATION

FACILITATOR: JOHN TURNER **DATE OF COMPLETION:** OCTOBER 23, 2025

PROVIDE THE FIRST AND LAST NAME OF ALL COMMITTEE MEMBERS. *(NOTE: SCHOOL DISTRICT STAFF FROM ANY SCHOOL DISTRICT MAY NOT BE MEMBERS OF THE PROGRAM ADVISORY COMMITTEE. DO NOT LIST THEM BELOW.)* PROVIDE THE ADDRESS FOR EACH MEMBER INCLUDING STREET NAME & NUMBER, CITY/TOWN, STATE, ZIP CODE, DAYTIME OR CELL PHONE TELEPHONE NUMBER AND EMAIL ADDRESS.	PROVIDE THE COMPANY NAME FOR EACH BUSINESS/INDUSTRY REPRESENTATIVE; THE ORGANIZATIONAL TITLE FOR THE ORGANIZED LABOR REPRESENTATIVE; THE NAME OF THE SCHOOL/COLLEGE/UNIVERSITY FOR THE POSTSECONDARY REPRESENTATIVE AND THE ORGANIZATIONAL TITLE FOR THE REGISTERED APPRENTICESHIP PROGRAM REPRESENTATIVE. [1]ORGANIZED LABOR REPRESENTATION IS NOT REQUIRED ON INDIVIDUAL PACS IF THE SCHOOL'S GENERAL ADVISORY COMMITTEE INCLUDES SUCH REPRESENTATION. [2]POSTSECONDARY REPRESENTATION IS REQUIRED ON ALL PACS. THAT REQUIREMENT CAN BE MET WITH REPRESENTATIVES OF POSTSECONDARY EDUCATION INSTITUTIONS OR REGISTERED APPRENTICESHIP PROGRAMS. [3]PRIOR TO THE APPROVAL OF A NEW PROGRAM, THE PARENT/GUARDIAN AND STUDENT REPRESENTATION REQUIREMENT MAY BE MET BY INVOLVING ONE OR MORE PARENTS AND STUDENTS NOT YET ASSOCIATED WITH THE PROGRAM. THEIR ROLE IS TO ENSURE THAT THE PERSPECTIVES OF PARENTS AND STUDENTS ARE CONSIDERED IN THE DEVELOPMENT OF THE PROGRAM.	**COMPOSITION** *(CHECK AS APPLICABLE)*			**TYPE OF REPRESENTATION** *(CHECK ONE BOX FOR EACH NAME LISTED)*					
		PERSON WITH DISABILITIES	RACIAL OR LINGUISTIC MINORITY	NON-TRADITIONAL BY GENDER (IF APPLICABLE)	BUSINESS/INDUSTRY	ORGANIZED LABOR [1]	POSTSECONDARY INSTITUTION [2]	REGISTERED APPRENTICESHIP [2]	PARENT/GUARDIAN [3]	STUDENT [3]
MICHAEL P. MILLER	DIRECTOR OF AVIATION PLANNING, MASSDOT AERONAUTICS DIVISION 1 HARBORSIDE DRIVE SUITE 205N BOSTON, MA. 02128 617-412-3680 michael.p.miller@dot.state.ma.us				X					
DOUGLAS MITCHELL	603-801-8729 185 S. Merrimack Road Hollis NH 03045 Nashua Community College Aviation Professor 505 Amherst Street Nashua, NH 03060									
JEOVANNY RODRIGUEZ	Lawrence City Council 978-566-1513 jrodriguez@cityoflawrence.com 32 Gale Street Lawrence MA 01841		X		X					
REYMON SANCHEZ	270038@student.glts.net 58 Bellevue St., #1 Lawrence, MA 01841			X						X
DEIGO SALDARRIAGA	diegoamelon@gmail.com 24b Scott Circle Hanscom AFB, MA 01731 Aviation Mechanic West Star Aviation Bedford MA		X		X					

Membership Form - Program Advisory Committee for Chapter 74-Approved Vocational Technical Education Program

DISTRICT: GREATER LAWRENCE TECHNICAL **SCHOOL YEAR: SY 25-26** **PROGRAM NAME:** AVIATION

FACILITATOR: JOHN TURNER **DATE OF COMPLETION:** OCTOBER 23, 2025

PROVIDE THE FIRST AND LAST NAME OF ALL COMMITTEE MEMBERS. *(NOTE: SCHOOL DISTRICT STAFF FROM ANY SCHOOL DISTRICT MAY NOT BE MEMBERS OF THE PROGRAM ADVISORY COMMITTEE. DO NOT LIST THEM BELOW.)* PROVIDE THE ADDRESS FOR EACH MEMBER INCLUDING STREET NAME & NUMBER, CITY/TOWN, STATE, ZIP CODE, DAYTIME OR CELL PHONE TELEPHONE NUMBER AND EMAIL ADDRESS.	PROVIDE THE COMPANY NAME FOR EACH BUSINESS/INDUSTRY REPRESENTATIVE; THE ORGANIZATIONAL TITLE FOR THE ORGANIZED LABOR REPRESENTATIVE; THE NAME OF THE SCHOOL/COLLEGE/UNIVERSITY FOR THE POSTSECONDARY REPRESENTATIVE AND THE ORGANIZATIONAL TITLE FOR THE REGISTERED APPRENTICESHIP PROGRAM REPRESENTATIVE. [1]ORGANIZED LABOR REPRESENTATION IS NOT REQUIRED ON INDIVIDUAL PACS IF THE SCHOOL'S GENERAL ADVISORY COMMITTEE INCLUDES SUCH REPRESENTATION. [2]POSTSECONDARY REPRESENTATION IS REQUIRED ON ALL PACS. THAT REQUIREMENT CAN BE MET WITH REPRESENTATIVES OF POSTSECONDARY EDUCATION INSTITUTIONS OR REGISTERED APPRENTICESHIP PROGRAMS. [3]PRIOR TO THE APPROVAL OF A NEW PROGRAM, THE PARENT/GUARDIAN AND STUDENT REPRESENTATION REQUIREMENT MAY BE MET BY INVOLVING ONE OR MORE PARENTS AND STUDENTS NOT YET ASSOCIATED WITH THE PROGRAM. THEIR ROLE IS TO ENSURE THAT THE PERSPECTIVES OF PARENTS AND STUDENTS ARE CONSIDERED IN THE DEVELOPMENT OF THE PROGRAM.	**COMPOSITION** *(CHECK AS APPLICABLE)*			**TYPE OF REPRESENTATION** *(CHECK ONE BOX FOR EACH NAME LISTED)*					
		PERSON WITH DISABILITIES	RACIAL OR LINGUISTIC MINORITY	NON-TRADITIONAL BY GENDER (IF APPLICABLE)	BUSINESS/INDUSTRY	ORGANIZED LABOR [1]	POSTSECONDARY INSTITUTION [2]	REGISTERED APPRENTICESHIP [2]	PARENT/GUARDIAN[3]	STUDENT[3]
FRANCISCO A. URENA	Airport Manager Lawrence Municipal Airport 492 Sutton Street No. Andover, MA 01845 978-794-5880 f_urena@lawrenecemunicipalairport.com		X		X					
***TOM RAICHE**– SERVES ON GENERAL ADVISORY BOARD REPRESENTING ALL PROGRAMS	MERRIMACK VALLEY CLC OFFICE, 169 MERRIMACK STREET LOWELL, MA 01852 TOM RAICHE (AFLCIO COMMUNITY SERVICES LIAISON) AT 978-441-1939 OR TOM.RAICHE@GMAIL.COM.					X				

Department: Aviation
Programmatic Advisory Committee
Meeting – Sign In
OCTOBER 23, 2025

STAFF:

Department	Last Name	First Name	Signature	Email
AVIATION	Turner	Johnny		
Potential New Members:				