



NOMINATION FORM

(please print or type)

(To be filled out by individual, Chapter, Council, Division or Region
submitting the name of a nominee for this award)

CANDIDATE'S NAME _____

TITLE _____

COMPANY/ORGANIZATION _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE () _____

SOCIAL SECURITY # _____

Briefly describe nominee's current or recent ASSE activities:

(As the sponsoring individual, Chapter, Council, Region or Division, I/We have reviewed the petition and believe all statements to be accurate, and a faithful reflection of the nominee's safety activities in the Society, for an employer and in the community).

SPONSORING INDIVIDUAL, CHAPTER, COUNCIL, DIVISION, REGION _____

(I the Nominee have reviewed the petition and believe all statements to be accurate, and a faithful reflection of the safety activities in the Society, for an employer and in the community)

SIGNATURE OF NOMINEE _____

IF A SPONSOR IS A CHAPTER, COUNCIL, DIVISION, OR REGION, INDICATE SPONSOR REPRESENTATIVES

NAME _____ TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE (_____) _____

(over)

NOTE-On no more than 15 double-spaced typewritten pages, describe the nominee's qualifications for this award according to the criteria on the informational flyer. Both this form and the statement, together with the superior's endorsement form and statement, position description, the nominee's one-page resume, and a black/white photo, must be submitted at the same time. Seven copies of the entire application (excluding the photo) must be sent in. Applications not meeting these requirements will be evaluated accordingly.