



## CHAPTER SAFETY PROFESSIONAL OF THE YEAR

### NOMINATION FORM

(Please print or type)

(To be filled out by individual member or Section submitting the name of a nominee for this award)

CANDIDATE'S NAME \_\_\_\_\_

TITLE \_\_\_\_\_

COMPANY/ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Briefly describe nominee's current or recent ASSP activities:

---

---

---

---

---

(As the sponsoring individual or Section, 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 or Section** \_\_\_\_\_

(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 SECTION, INDICATE SPONSOR REPRESENTATIVES

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

**NOTE:** On no more than 9 (maximum) 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 to three-page resume, and a color photo, must be submitted at the same time. Five copies of the entire application (excluding the photo) must be sent in. Applications not meeting these requirements will be evaluated accordingly.