

IFSAC Award Nomination Application

(Please check the appropriate award)

Organizational Excellence

Above & Beyond

Distinguished Service

Nominee current status with entity: Active Retired Deceased

Name of Nominee: _____

Work Phone: _____ Email Address of Nominee: _____

Mailing Address of Nominee:

Entity name: _____

Position (s) or Title (s) and date range(s): _____

Fire Service Experience, Department, Rank, etc. (if any):

Spouse or nearest living relative: _____

Relationship: _____

If Deceased, Date of Death: _____ Approximate date Individual began affiliation with IFSAC _____

IFSAC Roles, Committees, Boards and date range (s) of service: _____

Other pertinent service to be considered: _____

To assist the award committee in its selection, in the space provided or attach a separate statement of recommendation describing how the nominee has meet the criteria for the award you have nominated them to receive.

Name of Nominator (Submitter): _____

Entity you represent: _____

Work Phone: _____

Email Address of Nominator (Submitter): _____

Mailing Address of Nominator (Submitter):

Date of submission: _____ Review by Award Committee: _____

Review by Council of Governors: _____