



Florida Fire Marshals and Inspectors Association

P.O. Box 325 • Hobe Sound, FL 33475

Tel: 772-349-1507 • Fax: 772-546-6675 • www.ffmia.org

Nomination Form For "Of The Year Awards"

**The recipient of this award must be an FFMIA member
and is asked to attend the conference and evening events.**

Nomination for: (check one box only per form)

____ FIRE MARSHAL OF THE YEAR

____ FIRE INSPECTOR OF THE YEAR

Required Submissions:

- (1) This nomination form.
- (2) A letter signed by a peer or supervisor, which sufficiently justifies the reasons for the nomination. Suggested Additional Submissions:
- (3) Letter(s) providing supporting justification for the nominee from other parties.
- (4) The nominee's resume.

NOMINEE INFORMATION:

Nominee Name: _____

Rank/Position: _____

Direct Supervisor: _____

Fire Chief/Department Head: _____

Department: _____

Department Address: _____

City: _____ State: _____ Zip: _____

Department Phone Number (_____) _____

NOMINATOR INFORMATION:

Relationship to Nominee: __Peer __Supervisor

Nominator Name: _____

Rank/Position: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Nominator's Phone Number (_____) _____

Return this form and submittals to: jon.pasqualone@ffmia.org

SUBMITTALS MUST BE RECEIVED BY 9/30/16