



# Florida Fire Marshals and Inspectors Association

P.O. Box 325 • Hobe Sound, FL 33475

Tel: 772-349-1507 • [www.ffmia.org](http://www.ffmia.org)

## Nomination Form For "Of The Year Awards"

**The recipient of this award must be an FFMIA member and must attend the conference.**

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) If neither title applies, explain why the nominee is justified for this award
- (4) Letter(s) providing supporting justification for the nominee from other parties.
- (5) 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:**

[info@ffmia.org](mailto:info@ffmia.org)

**SUBMITTALS MUST BE RECEIVED BY**

**September 1, 2021**