

May be faxed to: Bill Lofgren (727) 570-5118.

**THOMAS YATABE - STATE EMERGENCY RESPONSE COMMISSION
AWARDS PROGRAM
NOMINATION FORM**

CATEGORY:(Choose One) SERC MEMBER _____ LEPC MEMBER _____ OTHER _____

NAME: _____

OCCUPATION: _____ (If Individual)

BUSINESS ADDRESS: _____

CITY: _____ **STATE:** FL **ZIP:** _____

TELEPHONE NUMBER: _____

NAME/TITLE/PHONE of Person Nominating Above Individual or Unit:

REASON FOR NOMINATION: (Circle #1 or #2)

- 1. In recognition of outstanding achievement, accomplishment or superior participation in hazardous materials planning or response by an individual, agency or organization. (OR)**
- 2. For Certificate of Appreciation in recognition of outstanding achievement, accomplishment or superior participation in hazardous materials planning or response by an individual, agency or organization.**

BRIEF DESCRIPTION OF ACCOMPLISHMENTS: (Use Reverse Side if Necessary) _____

OTHER COMMENTS: _____

FOR STAFF USE ONLY:

DATE NOMINATION RECEIVED: _____

DATE ACTED UPON BY MEMBERSHIP COMMITTEE: _____