



**BERGEN COUNTY  
FIRE PREVENTION & PROTECTION  
ASSOCIATION**  
"Saving Lives Through  
Code Enforcement & Education"



**NOMINATION APPLICATION FOR  
"FIRE PROTECTION INSPECTOR OF THE YEAR"**

**I. INSTRUCTIONS**

1. THE APPLICATION MUST BE COMPLETED IN FULL AND RETURNED TO THE AWARDS COMMITTEE AT THE ASSOCIATION'S **JUNE** MEETING FOR CONSIDERATION.
2. ATTACH ADDITIONAL PAGES AS NEEDED TO GIVE A COMPLETE DETAILED REASON FOR NOMINATION INCLUDING A COPY OF THE NOMINEES RESUME IF AVAILABLE.

**II. PERSONAL INFORMATION**

NAME OF NOMINEE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

---

HOME PHONE: \_\_\_\_\_ HOME FAX: \_\_\_\_\_

**III. EMPLOYMENT INFORMATION**

PLACE OF EMPLOYMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

---

WORK PHONE: \_\_\_\_\_ WORK FAX: \_\_\_\_\_

CURRENT POSITION: \_\_\_\_\_

YEARS IN POSITION: \_\_\_\_\_ FULL TIME: \_\_\_\_ PART TIME: \_\_\_\_

DFS LICENSE NO.: \_\_\_\_\_ UCC LICENSE NO.: \_\_\_\_\_

TYPE OF LICENSES HELD: \_\_\_\_\_

---

**IV. MEMBER MAKING NOMINATION**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK FAX: \_\_\_\_\_

CURRENT POSITION: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE** \_\_\_\_\_  
**DATE**

**\*\*\*\*\*FOR COMMITTEE USE\*\*\*\*\***

DATE RECEIVED: \_\_\_\_\_ DATE REVIEWED: \_\_\_\_\_

APPROVED: \_\_\_\_ NOT APPROVED: \_\_\_\_

DATE APPLICATION WAS PRESENTED TO ASSOCIATION: \_\_\_\_\_

\_\_\_\_\_  
**COMMITTEE MEMBER SIGNATURE** \_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**COMMITTEE MEMBER SIGNATURE** \_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**COMMITTEE MEMBER SIGNATURE** \_\_\_\_\_  
**DATE**