



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



**NOMINATION APPLICATION FOR
"FIRE SUB-CODE OFFICIAL 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