



**ASSP GULF COAST CHAPTER
SAFETY PROFESSIONAL OF THE YEAR
NOMINATION FORM**

(please print or type)

(To be filled out by individual or Chapter submitting nominee for this award)

CANDIDATE'S NAME _____

TITLE _____

COMPANY/ORGANIZATION _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE () _____ EMAIL _____

Briefly describe why the ASSP Member should be nominated:

NOTE: On no more than 6 (maximum) double-spaced typewritten pages, describe the nominee's qualifications for this award according to the criteria on the informational flyer. Both this form, the nominee's one to three-page resume, and a color photo, must be submitted at the same time. Applications not meeting these requirements will be evaluated accordingly. Please submit to Tabitha Laser at tlaser9@gmail.com by **March 22, 2019**.