



CONNECTICUT STATE FIREFIGHTERS ASSOCIATION, INC.

Hall of Fame Award Nomination Form

Candidate Information

Name of Nominee: _____

Home Address: _____

Town _____ Zip Code: _____

Fire Department Affiliation: _____ No. of Years _____

Accomplishments (include ranks and positions): _____

State Fire Service Positions Held:

National Fire Service Positions & Titles: _____

Special Awards (fire service and personal): _____

Is the Nominee currently affiliated with the Fire Service?: _____

Is the Nominee Living?: _____ When did the Nominee die (year)? _____

Nominee and/or Living Family address: _____

Nominators Name: _____ Title _____ Telephone _____

Nominators Mailing Address: _____

Signature of Nominator (Required): _____ Email: _____

Signature of Chief of Department : _____

Date of Submission: _____

Please Note: Only the nominator will be notified if this nomination is NOT selected.

Nomination packets and attachments become the property of the Connecticut State Firefighters Association.

All submissions will be held for a period of three years if not successful in first year of submission. Thus, unselected submissions will be considered in the following two years.

Nomination packets must be received no later than **October 15, 2009**

Mail Nomination packet to: Connecticut State Firefighters Association
Attn: Hall of Fame Committee
Post Office Box 9
Mansfield Center, CT 06250

If you have any questions or concerns, please call (860) 721-5939 or visit the following website: www.ctstatefirefighters.com

or: www.ct.gov/cfpc

Click on CT Fire Service Agencies/Organizations

Click on CT State Firefighters Association

For Office Use only: Application Received: _____ Application reviewed: _____

Action Taken 1st Reading: _____ 2nd Reading _____ 3rd Reading _____

Nominator Notified: _____ Nominee Notified: _____

President CSFA Notified: _____ Year of Induction: _____