



# 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 **November 1, 2010**

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](http://www.ctstatefirefighters.com)

**or: [www.ct.gov/cfpc](http://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 1<sup>st</sup> Reading: \_\_\_\_\_ 2<sup>nd</sup> Reading \_\_\_\_\_ 3<sup>rd</sup> Reading \_\_\_\_\_

Nominator Notified: \_\_\_\_\_ Nominee Notified: \_\_\_\_\_

President CSFA Notified: \_\_\_\_\_ Year of Induction: \_\_\_\_\_