

Virginia State Firefighter's Association

Fire Chief of the Year Application

1. **Name of Nominee:** _____ **Address:** _____
2. **Fire Department Affiliation:** _____
3. **Fire Department Address:** _____ **Phone No:** _____
4. **List Activities of Nominee that you want the awards committee to consider: (attach separate sheet if necessary)**

5. **Nominee's membership and participation in other Fire related organizations: (attach separate sheet if necessary)**

6. **Is your Department a current member of the VA State Fire Fighter's Association: YES NO (Please Circle)**
7. **A picture of the nominee is required. Is that picture attached to this application: YES NO (Please Circle)**
(Note: Picture will not be returned and becomes property of the VSFA)
8. **Nominee's local newspaper:** _____ **Address:** _____

Submitter's Information:

Name (Please Print): _____ **Title:** _____

Signature: _____

Fire Department: _____ **Address:** _____

Email Address: _____ **Phone Number:** _____

Chief Officer signing below (Please Print): _____ **Title/Rank:** _____

I hereby certify that the above nominee is a regular member of the above mentioned Fire Department and the above information is correct:

Signature of Chief Officer: _____ **Date:** _____

Phone Number (s): _____