

**Virginia State Firefighter's Association**

**Vendor of the Year Application**

1. **Name of Nominee:** \_\_\_\_\_ **Address:** \_\_\_\_\_

2. **Company represented if this is a individual nomination:** \_\_\_\_\_

3. **Company Represented Address:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

4. **List Activities of Nominee and reasons you think this person or company should be considered by the awards committee as Vendor of the Year: (attach separate sheet if necessary)**

---

---

---

---

---

---

---

---

**Name of Submitter (Print):** \_\_\_\_\_ **Title if any:** \_\_\_\_\_

**Are you submitting this as a member department of VSFA** YES NO (Please Circle)

**If submitting this on behalf of a member department of VSFA please give us the following information:**

**Name of Department and/or Rescue Squad:** \_\_\_\_\_

**Address of Department and/or Rescue Squad:** \_\_\_\_\_

**Are you submitting this as an officer or executive committee member of VSFA:** YES NO (Please Circle)

**Signature of Submitter:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address of Submitter:** \_\_\_\_\_

**Email Address of Submitter:** \_\_\_\_\_

**Phone number of Submitter:** \_\_\_\_\_