

LIFETIME ACHIEVEMENT AWARD Nomination Form

This award was established by the State of Alaska to recognize recipients for their dedicated service and volunteerism to their profession, their community and the State of Alaska in promoting safety over a 'Lifetime'.

The following are the minimum requirements for this award:

1. The individual must have impacted the health and safety of Alaskans for more than 20 years.
2. They must have demonstrated substantial contributions and extraordinary ability in the field of HSE, both in business and volunteering.

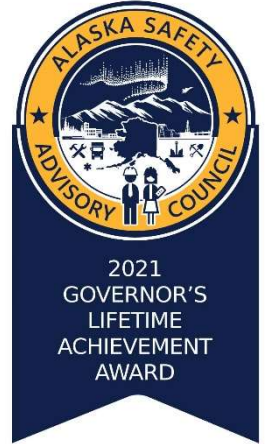


Table 1 –Nominee Information

| | |
|--|--|
| Name of Nominee | |
| Name: (as it would appear on the award if different from above) | |
| Profession or Affiliation | |
| If applicable, date retired or deceased | |
| Mailing Address: | |
| City, State, Zip | |
| Phone Number: | |
| Email: | |

Table 2 –Nominator Information

| | |
|--------------------------------|--|
| Nominator Name: | |
| Mailing Address: | |
| City, State, Zip: | |
| Phone Number: | |
| Email: | |
| Affiliation to Nominee: | |

CRITERIA

Describe why the individual is regarded as having impacted the Health and Safety of Alaskans for more than 20 years. (500 words or less)

Describe how the nominee has demonstrated substantial contributions and extraordinary ability in the field of HSE in business. (500 words or less)

Describe contributions in volunteer activities. (500 words or less)

Provide any additional information such as pictures, videos, or previous awards/recognitions that you feel is relevant regarding the nominee's commitment to the Health and Safety of Alaskans. (500 words or less)

RECOMMENDATION

A minimum of three letters of recommendation is required. One letter must be from a volunteer organization. One letter must be from a company supervisor or a client.

The references will be contacted by the committee for additional context around the contribution of the potential recipient of the award.

| | Recommender Name | Email | Phone Number | Relationship to recipient |
|---|------------------|-------|--------------|---------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

The information provided in this nomination is correct to the best of my knowledge.

_____ Date

Printed name and Signature

Completed applications must be received no later than April 8th, 2022 @ 5:00pm. Please send completed applications to: AKawardscommittee@gmail.com or call Chris Warner 907-339-6420 for more information.

NOTE: If additional information or clarification is needed by the award committee, the applicant will be notified by April 11th and will have until April 14th, 2022 at 5:00pm to submit those clarifications or documents. The applicant will be disqualified if any of the data proves incorrect or the applicant unresponsive.