

INTERNATIONAL ASSOCIATION FOR IDENTIFICATION

GEORGE PLETTS MERITORIOUS SERVICE AWARD NOMINEE APPLICATION

Nominees Name:		
Address		
City:	State:	Zip:
Business Phone:	Home phone:	Fax:
Agency:		
Position:	Number of Years with Current Agency:	
Duties:		

SUPERVISOR'S NAME, TITLE & PHONE NUMBER:

(On a separate sheet, add other agencies, position, duration/tenure and duties)

COMMUNITY SERVICE

Organization Name:			
Address:	City:	State:	Zip:
Position Title:	Office(s) Held, if any:		
Length of Service:	Type of Service Provided:		
Community Service Representative Contact Person's Name:			
Contact Person's Phone Number:			
(On a separate sheet, add any additional community service)			

Membership

CSDIAI:	Member Since:	Membership Number:
IAI:	Member Since:	Membership Number:
Offices Held/Name of Committees:		

Describe Services and/or Outstanding Contributions:

Name of Member Making Nomination:	Membership #:
Date:	Agency:
Phone #:	

CRITERIA SUMMARY
(FOR INTERNAL USE ONLY)

EMPLOYER

Employer Contacted on (date):	Supervisor's Name:
Supervisor's Comments on Employee's Professionalism:	

COMMUNITY SERVICE

Name of Organization/Community Service:	
Verification Date:	Currently Volunteering: Yes/No?
Person Contacted:	
Comments:	

IAI INVOLVEMENT

Member in Good Standing: Yes/No?	Involvement In IAI Verified: Yes/No?
Outstanding Contributions Verified: Yes/No?	Background Completed By:
Date Completed:	Phone:

APPROVED BY GOOD OF THE ASSOCIATION COMMITTEE

Chairman:	Signature:	Date:
Committee Member:	Signature:	Date:
Committee Member:	Signature:	Date: