



ENDORSEMENT FORM

(please print or type)

(To be filled out by the immediate superior or employer of the nominee for this award; Self-employed consultants should also fill out)

CANDIDATE'S NAME _____

TITLE _____

COMPANY/ORGANIZATION _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

Describe nominee's organization _____

Describe briefly its size (operating subsidiaries and separate facilities) _____

Number of people in loss control department _____

(I have reviewed the employment-related part of the nominee's petition for this award and find it to be an accurate reflection of the candidate's job-related achievements).

SPONSORING INDIVIDUAL'S NAME, TITLE AND EXACT, SPECIFIC RELATIONSHIP TO THE NOMINEE _____

SPONSOR'S SIGNATURE _____

Other requirements - IMPORTANT

1. Please attach a current description of the nominee's position/job from the employer or organization, plus an organization chart depicting the safety function.
2. On no more than two (2) pages of your organization stationery, please describe the scope and quality of the nominee's job-related duties and achievements concisely but specifically, plus any other safety-related activities of which you have personal knowledge.