



Florida Gang Investigators Association Gang Investigator of the Year – Law Enforcement Nomination Form

www.fgia.com

(Federal ID# 65-0470750)

The Florida Gang Investigators Association (FGIA) is a non-profit organization dedicated to the prevention and suppression of gangs and gang activity in Florida. Nominations must be limited to the length of this form and two additional pages (if needed). Any photographs, clippings, videos or other relevant materials may also be submitted. Return the completed form and any attachments to the address listed at the bottom of this form. Nominations must be submitted by July 05, 2013

Nominee Information: (PLEASE TYPE OR PRINT CLEARLY)			Title/Rank
Name (Last, First, MI):			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.			
Nominee Agency Information: (DO NOT ABBREVIATE AGENCY NAME or UNIT ASSIGNED)			
Agency Name / Unit Assigned:			
Agency Class:	<input type="checkbox"/> Local (City/County)	<input type="checkbox"/> State	<input type="checkbox"/> Federal <input type="checkbox"/> Other
Mailing Address:			Contact Number:
City:	State:	Zip Code:	County:

Nominee's Current Responsibilities:
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Nominee's Experience / Background:
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Nominee's Past Awards / Recognition:
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

FGIA AWARDS NOMINATION
*C/O Leon County Sheriff's Office Atn:Leslie Rabon *PO BOX 727, Tallahassee, FL 32302



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Significant Contribution to Gang Investigation or Gang Eradication:

Specific Qualities Making Nominee Deserving of this Award:

I here by affirm that the aforementioned information and supporting documentation related to the nomination of this individual for this award is true and accurate to the best of my knowledge. I am aware that if any of the information provided is found to be inaccurate or untruthful, this nomination shall be removed from consideration for this award.

Nominator's Signature

Date

Nominator Information:				Title/Rank	
Name (Last, First, MI):					
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.					
Nominator Agency Information: (DO NOT ABBREVIATE AGENCY NAME or UNIT ASSIGNED)					
Agency Name / Unit Assigned:					
Agency Class:				<input type="checkbox"/> Local (City/County) <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other	
Mailing Address:				Contact Number:	
City:		State:		Zip Code:	
				County:	

FGIA ADMINISTRATIVE USE ONLY:				<input type="checkbox"/> Finalist <input type="checkbox"/> Semi-Finalist	
FGIA Region		<input type="checkbox"/> Northwest <input type="checkbox"/> North Central <input type="checkbox"/> Northeast		<input type="checkbox"/> Central West <input type="checkbox"/> Central East	
				<input type="checkbox"/> Southwest <input type="checkbox"/> Southeast	
_____ _____ _____ _____ _____				_____ President Signature	
				_____ Date	
_____ _____ _____ _____ _____				_____ Director of Programs Signature	
				_____ Date	