

The Florida Police Chiefs Association's FLORIDA LAW ENFORCEMENT OFFICERS' HALL OF FAME Nomination Form

ATTACHMENT CHECKLIST:

□ Summary of nominee's professional law enforcement history.
\square Two page description of why nominee should be selected (include description of their contributions to law enforcement).
☐ Agency/Department photo
□ Proof of nominee's outstanding performance, actions, accomplishments, and character (e.g. any professional acts of excellence above and beyond minimum standards). Examples include letters of recommendation, official reports, statements, newspaper article(s), and/or other media archive historical references.
Summary of civic contributions and/or humanitarian activities. Describe as completely as possible, the nominee's local, state and national level of service in civic organizations. Include information about community involvement in crime prevention, charitable activities, etc. Also describe as completely as possible the nominee's contributions in any humanitarian service.
☐ List of awards and honors
☐ Any additional information to consider
NOTE: Required items are in bold.

Documents should be typed using 11 pt font, or larger, and packets must not exceed 10 pages.



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Deadline - July 31

NOMINEE INFORMATION: (please print)

Full Legal Name:			
Home Address:			
City:	State:	Zip Code:	
Home #:	Cell #:	Work #:	
Email Address:			
Resident of Florida?	☐ Yes ☐ No If yes, how man	y years?	-
State of birth:	Date of birth: Day_	Month	Year
Is nominee deceased?	☐ Yes ☐ No If yes, year dece	ased:	
Was nominee's death	caused by an incident in the li	ine of duty? □ Yes □	No
If yes, explain.			
Years in Law Enforce	ment: Retired? 🗆	Yes □ No Mo./Year	retired:
Position(s) held:			
Any honor/awards re	ceived? □ Yes □ No If yes, p	olease include a list as	an attachment.
If Nominee is decease	d, please provide family point	of contact:	
Full Name:			
Relationship to decea	sed:		
Home Address:			
City:	State:	Zip Code:	
Home #:	Cell #:	Work #:	
Email Address:			



The Florida Police Chiefs Association's FLORIDA LAW ENFORCEMENT OFFICERS' HALL OF FAME Nomination Form

NOMINATOR INFORMATION: (please print)

Full Name:			
Title:			
Work Address:			
City:	State:	Zip Code:	
Work #:			
Email Address:			
knowledge and unde Nomination Eligibilit	rstanding. The informat y Requirements and Gui	herein is accurate to the best of ion provided is in congruence with idelines. I agree to provide addit w Enforcement Officers' Hall of	th the tional
Signature (Required): _		Date:	
Please scan this fo amercer@fpca.com.	rm and corresponding	attachments by July 31, 201	6 to:

Should you have any questions or concerns contact FPCA Executive Director Amy Mercer at amercer@fpca.com or by phone at 850-219-3631.