

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include letters of recommendation, official reports, statements, newspaper article(s), and/or other media archive historical references.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.

Application deadline is August 31 of the year prior to the year of induction (e.g., August 31, 2015 for induction in 2016).



FLORIDA LAW ENFORCEMENT OFFICERS' HALL OF FAME Nomination Form

Deadline - August 31

NOMINEE INFORMATION: (please print)

Full Legal Name:			
City:	State:	Zip Code:	
Home #:	Cell #:	Work #:	
Email Address:			
Resident of Florida? □	l Yes □ No If yes, how mai	ny years?	
State of birth:	Date of birth: Day	Month	Year
Is nominee deceased?	☐ Yes ☐ No If yes, year dec	eased:	
Was nominee's death	caused by an incident in the	line of duty? □ Yes □ No	
If yes, explain.			
Years in Law Enforcer	nent: Retired? 🗆	Yes □ No Mo./Year reti	red:
Position(s) held:			
Any honor/awards red	ceived? □ Yes □ No If yes,	please include a list as an	attachment.
If Nominee is deceased	d, please provide family poir	at of contact:	
Full Name:			
Relationship to deceas	sed:		
Home Address:			
City:	State:	Zip Code:	
Home #:	Cell #:	Work #:	
Email Address:			
NOTE: Nominee and n	ominator will be contacted i	f nominee is selected to b	e inducted.

Form FAME-1, New January 1, 2015



FLORIDA LAW ENFORCEMENT OFFICERS' HALL OF FAME Nomination Form

NOMINATOR INFORMATION: (please print)

Full Name:		
Work Address:		
City:	State:	Zip Code:
Work #:		
Email Address:		
knowledge and und Nomination Eligibi	derstanding. The informat lity Requirements and Gu uested by the Florida La	herein is accurate to the best of my ion provided is in congruence with the idelines. I agree to provide additional w Enforcement Officers' Hall of Fame
Signature (Required)):	Date:
NOTE: Only nominat	or will be contacted if the no	minee is not selected.

Please mail this form and corresponding attachments postmarked by August 31 to:

Florida Department of Law Enforcement ATTN: Florida Law Enforcement Officers' Hall of Fame Coordinator P.O. Box 1489 Tallahassee, FL. 32302-1489

Should you have any questions or concerns contact the Florida Law Enforcement Officers' Hall of Fame Coordinator at (850) 410-8600 or FLEOHOF@fdle.state.fl.us.