Every year the Florida Department of Transportation is proud to recognize superior achievement by presenting an award in honor of the Aviation Professional of the Year. Any airport, airport authority, local or federal government official, consultant, contractor, industry partner, or FDOT staff who wishes to make a nomination may submit a written nomination to the Aviation Operations Section by mail (Aviation Office, 605 Suwannee St.,MS-46,Tallahassee,FL 32399-0450), or e-mail ([Michael.McDougall@dot.state.fl.us](file:///\\COdata\Shares\CO\Users\OP936PL\MyDocs\Michael.McDougall@dot.state.fl.us)).

All nominations must be received by FDOT no later than May 31st of each year in order to be considered for that year. FDOT will present a certificate honoring the recipient in each award category at the Statewide CFASPP Meeting, the Saturday prior to the FAC Conference which is held in July/August.

To nominate an individual as Aviation Professional of the Year, please complete the general information section of the nomination form and use the narrative section, limiting it to 500 words, to describe how the individual:

* **Has been active in some aspect of Florida aviation during the year prior to the nomination; and**
* **Has made a significant contribution to Florida aviation or made a continuing commitment to and significant achievements in Florida aviation over a period of years.**

The various aspects of aviation to be considered include, but not limited to, technological research or advancement, airport management, airport construction or maintenance, airport design, air safety, aviation legislation and Florida aviation business.

Electronic File Sharing is available for large files through the FDOT File Transfer Appliance. The FTA offers the ability to send large files securely. Please contact the Aviation Operations Section at 850-414-4512 for additional information.

**GENERAL INFORMATION**

**Nominee:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | |  |  | | |
| Nominee Name | | |  | Date | | |
|  | | |  |  |  |  |
| Address | | |  | City |  | Zip |
|  |  |  |  |  | | |
| Phone |  | Email |  |  | | |
|  | | |  | | | |
|  | | |  | | | |

**Nominator:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | |  |  | | |
| Your Name | | |  | Phone | | |
|  | | |  |  |  |  |
| Address | | |  | City |  | Zip |
|  | | |  |  | | |
| Email |  |  |  |  | | |
|  | | |  | | | |

**(Attach Narrative on Page 2)**

**NARRATIVE**

(Maximum 500 words)