Every year, the Florida Department of Transportation is proud to recognize superior achievement by presenting an award in honor of the Distinguished Aviation Service. 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 Michael McDougall, Aviation Communications Manager, by mail (Aviation Office, 605 Suwannee St., MS-46, Tallahassee, FL 32399-0450) or e-mail (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 Steering Committee Meeting held in conjunction with the FAC Conference and Exposition.

To be considered eligible for the Distinguished Aviation Service Award, an individual must meet all the following criteria:

* **Will retire, has retired, or passed away within a year of presentation of the award; and**
* **Was employed in aviation, aerospace, or a related field in Florida; or**
* **Served in a voluntary capacity in aviation, aerospace, or a related field in Florida.**

To nominate an individual for the Distinguished Aviation Service award, describe how the individual:

* **Has provided outstanding dedication to Florida aviation during their career; and**
* **Has made significant contributions to Florida aviation and the community; and**
* **Has demonstrated exceptional professionalism through leadership and resourcefulness.**

Please include 3-5 pictures of the individual in JPEG format and complete the requested General Information Section of the nomination form using the Narrative Section. 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 Michael McDougall at 850-414-4512 for additional information.

**GENERAL INFORMATION**

**Nominee:**

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|       |  |       |
| Nominee Name |  | Date |
|       |  |       |  |       |
| Address |  | City |  | Zip |
|       |  |       |  |       |
| Phone |  | Email |  | Airport Contact |
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|  |  |

**Nominator:**

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Your Name |  | Phone |
|       |  |       |  |       |
| Address |  | City |  | Zip |
|       |  |  |
| Email |  |  |  |  |
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**(Attach Narrative on Page 3)**

**NARRATIVE**

(Maximum 500 words)