

**International Towing & Recovery Hall of Fame & Museum  
Hall of Fame Nomination Form  
2010**

*INFORMATION ABOUT NOMINEE:*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_ Mail Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Year First Entered Business: \_\_\_\_\_ Employer/Company: \_\_\_\_\_  
Name of Current Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_ Mail Code: \_\_\_\_\_

Significant Contributions to the Towing & Recovery Industry by nominee include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State and National Association, and Community Involvement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACH ADDITIONAL PAGES AS NECESSARY

*INFORMATION ABOUT PERSON MAKING THE NOMINATION:* **Must be a regular or corporate member of the International Towing & Recovery Hall of Fame & Museum.**

Name: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
Signature of Sponsoring Member: \_\_\_\_\_

**RETURN COMPLETED APPLICATION TO THE ITRHFM OFFICE BY 12/31/09  
ITRHFMM - PO Box 23283, Chattanooga, TN 37422  
HALL OF FAME QUESTIONNAIRE  
PLEASE RESPOND TO EACH QUESTION BY GIVING AS MUCH INFORMATION AS YOU CAN**

ABOUT THE NOMINEE

1. Full name of Nominee: \_\_\_\_\_
2. Owner or Employee: \_\_\_\_\_
3. Years in the Towing & Recovery Industry: \_\_\_\_\_
4. Type of Business:  
Light / MD / HD Towing & Recovery (Circle one or more)  
Transportation / Storage (Circle one or more)  
An explanation of business activities if not a tower (i.e. designer, manufacturer, writer, etc..) \_\_\_\_\_
5. Personal Information:  
Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
If married, name of spouse: \_\_\_\_\_  
Children, if any, and ages: \_\_\_\_\_  
Are any of your children in business with you?: \_\_\_\_\_
6. Special training, education, or certifications: \_\_\_\_\_  
\_\_\_\_\_
7. Membership in trade associations or industry affiliations: \_\_\_\_\_  
\_\_\_\_\_
8. Positions held in associations or affiliations: \_\_\_\_\_  
\_\_\_\_\_
9. Special recognition(s) for outstanding service or contributions to the Towing & Recovery industry or your local or State community: \_\_\_\_\_  
\_\_\_\_\_
10. Are you, or have you been a member of the ITRHFM (previously Friends of Towing)?  
\_\_\_\_\_  
\_\_\_\_\_
11. Who will escort and present you at the Hall of Fame Induction?  
Name: \_\_\_\_\_  
Address & Fax #: \_\_\_\_\_
12. Additional Comments or attachments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_