

International Towing & Recovery Hall of Fame & Museum  
Hall of Fame Nomination Form  
2018

*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: \_\_\_\_\_  
Email Address \_\_\_\_\_

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 12/31/17  
ITRHFMM – 3315 Broad Street, Chattanooga, TN 37408  
HALL OF FAME QUESTIONNAIRE (Please mark envelope CONFIDENTIAL)**

**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: \_\_\_\_\_

**\*Please submit a photo along with this application\***