ELIGIBILITY REQUIREMENTS

To be eligible for inclusion in the ITRHFM Hall of Fame, nominees must meet at least one of the following criteria:

Tow Equipment / Product Innovation
Nominee must have demonstrated industry innovation through a product sold in the marketplace that has helped move the industry forward. Candidate must have a minimum of 10 years of service to the industry.

Exemplary Dedication
Nominee must have at least 20 years of experience in running a towing business in an outstanding and exemplary manner, promoting a positive image of the towing industry and have positive relationships with the community (i.e.: performing services for the community above and beyond the services for hire). Limit: One inductee per year.

Industry Leadership
Nominee must have played a significant role in the leadership of an outstanding project that has had a dynamic and lasting effect on the towing industry. Candidate must have a minimum of 10 years of service to the industry.

Professional Achievement
Nominee must have created a product or service, of any kind, that has had a significant and lasting effect on thousands of towing professionals. Candidate must have a minimum of 10 years of service to the industry.

Instructions:
Fill out these forms entirely and use additional pages as needed. This application should be submitted with a photo of the nominee as well as any related documentation that may be available. Newspaper articles, magazine coverage, letters of recommendation, etc. are encouraged. Considering the number of nominees, the forms alone are not typically enough information to adequately provide the selection committee with the materials needed to make a favorable decision. Please make copies of all submissions. Originals are not returned and if nominee is not selected a new submission will be required next year.

Packets must be submitted to the ITRHFM postmarked no later than January 31, 2020.

ITRHFM
3315 Broad Street
Chattanooga, TN 37408
USA
Nominee Information:

Name: _______________________________________________________________________________

Address: _____________________________________________________________________________

City: ________________________ State: ______ Zip: ____________ Country: ____________________

Phone: ___________________________ E-mail: _____________________________________________

Date of Birth: _____________ Marital Status: ______________ Spouse’s Name: ___________________

Children’s Names and Ages: _____________________________________________________________

First Year in the Industry: ________ First Employer / Company: _________________________________

Name of Current Employer / Company: _________________________ Position: ___________________

Address: _____________________________________________________________________________

City: ________________________ State: ______ Zip: ____________ Country: ____________________

Phone: ___________________________ E-mail: _____________________________________________

Nominee meets the eligibility requirement(s) checked below:

☐ Tow Equipment / Product Innovation
☐ Exemplary Dedication
☐ Industry Leadership
☐ Professional Achievement

Describe how nominee meets this(these) requirements:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Nominator Information:

Nominator must be a regular or corporate member of the ITRHFM.

Name: _______________________________________________________________________________

Address: _____________________________________________________________________________

City: ________________________ State: ______ Zip: ____________ Country: ____________________

Phone: ___________________________ E-mail: _____________________________________________

Signature of Nominating Member: ________________________________ Date: ___________________
Nominee Name: __________________________________________________________

Is the nominee currently a member of the ITRHFM? ______
Is the nominee currently a member of their state association? ______
Is the nominee currently a member of the TRAA? ______

List other association memberships:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Positions held in associations or other affiliations:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

List significant contributions to the towing & recovery industry:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

List special recognition(s) for service or contributions to the towing & recovery industry:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

List any other special recognition(s) to be considered:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Describe nominee’s community involvement:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

List special training, education, or certification(s):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Provide any additional comments:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Attach additional pages as needed.