AIR COMMANDO HALL OF FAME NOMINATION FORM

Completion of this form, pages 1-5, is required along with other verifiable documents such as DD Form 214s, citations, award certificates, etc., and preferably emailed to info@aircommando.org. If unable to email, see last page of this form for mailing address.

• **Nominee:** _____ • **Rank** _____ **ÅStatus and Date Service Ended:**
Full Name (First / MI / Last)
☐ Separated ☐ Retired __/____ *(MM/YYYY)*

• **Career Field/Specialty:** _____

• **Special Operations Units Assigned with Dates:** *(MM/YYYY)*

_____ From __/____ To __/____
_____ From __/____ To __/____
_____ From __/____ To __/____
_____ From __/____ To __/____
_____ From __/____ To __/____
_____ From __/____ To __/____

• **Operational Deployments with Dates:** *(MM/YYYY)*

_____ From __/____ To __/____
_____ From __/____ To __/____
_____ From __/____ To __/____
_____ From __/____ To __/____
_____ From __/____ To __/____
_____ From __/____ To __/____

• **Significant Awards/Decorations:**

_____

• **Narrative:** Submit a narrative of 3 pages or less of significant and verifiable contributions to special operations. Be specific including assignments, accomplishments, and reasons the nominee should be given this very special recognition. *(Use page 2-4 of this form to complete the narrative. The form is formated with 12-pitch, Times New Roman font, with 1-inch margins, single spacing.)*

• **Citation:** Submit a one-paragraph (no more than 275 words) citation highlighting the salient points of the nomination to be read at the induction ceremony. *(Use page 5 of this form to complete the citation.)*

• **References:** (two with their full names, rank, mail and email addresses, and phone numbers)

Full Name: _____ Full Name: _____
Rank: _____ Rank: _____
Address: _____ Address: _____
City/State/Zip: _____ City/State/Zip: _____
Phone: _____ Phone: _____
Email: _____ Email: _____

• Include a copy of nominees' DD-214 or equivalent documentation to verify service, include a photo, if available. *(Preferably an 8"x10" digital color photo in high resolution format.)*

• Include contact information for both the nominator and the nominee

Nominator Name: _____ Nominee Name: _____
Address: _____ Address: _____
City/State/Zip: _____ City/State/Zip: _____
Phone: _____ Phone: _____
Email: _____ Email: _____

☐ I hereby submit and verify the nominee's information for the Air Commando Hall of Fame.

Date: ____ / _____ / _____
(DD/MM/YYYY)

AC HoF June 2017

Narrative Justification

Please start typing here

Narrative Justification

(continued)

Please continue typing here

Narrative Justification

(continued)

Please continue typing here

Citation for Induction Ceremony

A one paragraph (no more than 275 words)

Please start typing here

Please use the below space if more room is needed from page 1.

Special Operations Units Assigned with Dates (cont.):

Operational Deployments with Dates (cont.):

Significant Awards/Decorations (cont.):

Those unable to electronically email this package may mail it to:
Air Commando Association, Attention: Hall of Fame Committee, PO Box 7, Mary Esther, FL 32569