QC/QA TECHNICIAN OF THE YEAR
NOMINATION FORM

HMAC Training & Certification

Nominator Information		
First:	Last:	
Mobile:	Email:	
Company Name:		
Company Address:		
City:	State:	Zip Code:
Nominee Information		
First:	Last:	
Mobile:	Email:	
Company Name:		
Company Address:		
City:	State:	Zip Code:

Certification Nominated: (Please select only one)

☐ Level 1A ☐ Level 1B ☐ Level 2 ☐ SB

Please describe in one or two paragraphs why you are nominating this technician. Describe his/her skills, abilities, knowledge, and character.

Nominator's Signature		
By entering my name below and checking the Signature Verification box, I hereby nominate the person indicated above for a QC/QA Technician Award.		
Name:	☐ Signature Verification	Date:

Email form to Richard Izzo at rizzo@texasasphalt.org