

Transportation Vanguard Award 2024 Nomination Form

***Who is being nominated?***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Last Name:** Click here to enter text. | **First Name:** Click here to enter text. | | | | **Date:** Click here to enter a date. | |
| **Email:** Click here to enter text. | | | **Position Title:** Click here to enter text. | | | |
| **Department:** Click here to enter text. | | | | | **Phone:** Click here to enter text. | |
| **Street Address:** Click here to enter text. | | **City:** Click here to enter text. | | **State:** Click here to enter text. | | **Zip code:** Click here to enter text. |
| **AASHTO Committee Membership (optional):** Click here to enter text. | | | | | | |

***Who is nominating this person?***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Last Name:** Click here to enter text. | **First Name:** Click here to enter text. | | | | **Date:** Click here to enter a date. | |
| **Email:** Click here to enter text. | | | **Position Title:** Click here to enter text. | | | |
| **Department:** Click here to enter text. | | | | | **Phone:** Click here to enter text. | |
| **Street Address:** Click here to enter text. | | **City:** Click here to enter text. | | **State:** Click here to enter text. | | **Zip code:** Click here to enter text. |
| **Endorsement of Member Department Secretary/Director (signature):** | | | | | | |

***Instructions:***

Using a maximum of 2 additional single-sided pages, please explain why this individual should be selected as the 2024 Transportation Vanguard Award recipient. Please include as much specific information about the candidate as possible, including special projects, personal attributes, dedication, etc.

Send nominations by **September 13, 2024,** via e-mail to [**kfloyd@aashto.org.**](mailto:kfloyd@aashto.org)Nominations must be submitted **as a single file** in Microsoft Word format using ***TVA2024\_ LastNameFirstName.docx*** as the file name.