

# RMOP Technician of the Year Nomination Form

## *Nominee Information*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_

## *Nominator Information*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Relationship  
to Nominee: \_\_\_\_\_

***Briefly describe the qualities that this person displays that you feel makes them an outstanding technician:***

Please submit nomination to [Secretary@rmop.org](mailto:Secretary@rmop.org) or mail to:  
RMOP, P.O. Box 100381, Denver, CO 80250.