



The Ontario Association of Certified
Engineering Technicians and Technologists

OACETT HONOURS AND AWARDS

RECOGNIZING EXCELLENCE IN ENGINEERING AND APPLIED SCIENCE TECHNOLOGY

The Awards Committee invites individuals and employers to submit nominations for the Association awards as listed on the following pages. To be considered for award recognition, completed nomination forms must be submitted **no later than December 31, 2018**.

To ensure the confidentiality and impartiality of the selection process, please submit your nominations:

By mail:

Awards Committee
OACETT
10 Four Seasons Place, Suite 404
Etobicoke, Ontario, Canada M9B 6H7

By fax/e-mail:

Fax: (416) 621-8694
E-mail: services@oacett.org

Mark envelope **“CONFIDENTIAL”**

For additional information please go to <https://www.oacett.org/About-Us/Provincial-Awards> or contact Ana Sierra at asierra@oacett.org or call (416) 621-9621 ext. 236.



NOMINATION FORM OACETT HONOURS AND AWARDS

DEADLINE FOR SUBMISSIONS – DECEMBER 31, 2018

CATEGORY: LIFE MEMBERSHIP (MEMBERS)

The award is granted to an individual who has served the Association for many years in an exceptional manner.

Life membership permits the individual to retain his/her title of certification for life without the further payment of annual membership dues.

Please refer to the awards booklet for full guidelines and eligibility requirements

NOMINEE INFORMATION (Please type or print clearly)

NAME: _____

PROVIDE OACETT MEMBER NUMBER IF KNOWN: _____

ADDRESS: _____

TELEPHONE: (____) _____ POSTAL CODE: _____ EMAIL: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

TELEPHONE: (____) _____ POSTAL CODE: _____

JOB TITLE/POSITION: _____

PROPOSED CITATION TO APPEAR ON AWARD CERTIFICATE (Please type or print clearly)

IN RECOGNITION OF

NOMINATOR (While it is preferred that nominations are received from OACETT members, the Awards Committee will consider nominations that are submitted by non-members or organizations.)

NAME: _____

OACETT MEMBER: __ Yes __No IF "yes" PROVIDE MEMBER NUMBER IF KNOWN: _____

NATURE OF RELATIONSHIP TO NOMINEE _____

ADDRESS: _____

TELEPHONE: (____) _____ POSTAL CODE: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____

PERSON TO CONTACT FOR FURTHER INFORMATION (Please provide the name of someone the Awards Committee may contact if additional information is required. The contact person does not necessarily have to be the nominator.)

SAME AS NOMINATOR

NAME: _____

ADDRESS: _____

TELEPHONE: (____) _____ POSTAL CODE: _____ EMAIL: _____

NATURE OF RELATIONSHIP TO NOMINEE: _____

BACKGROUND AND SUPPORTING DOCUMENTATION/TESTIMONIALS (Please type or print clearly. If you need extra space to answer any of the following questions, please attach a sheet of paper with the award category and nominee's name)

HOW LONG HAS THE NOMINEE BEEN AN OACETT MEMBER?

IN WHAT CAPACITY HAS THE NOMINEE SERVED OACETT?

HOW HAS THEIR SERVICE TO OACETT BEEN EXCEPTIONAL?

[Empty box for providing details on exceptional service to OACETT]

INCLUDE AT LEAST TWO LETTERS OF RECOMMENDATION FROM MEMBERS OF OACETT

INCLUDE ADDITIONAL DOCUMENTATION AND/OR TESTIMONIALS TO THIS NOMINATION (OPTIONAL)

ATTACHED: Yes No

IMPORTANT: Selection or rejection of your nomination will be based on the information you provide on this form. Please read the award selection criteria carefully to ensure your nominee is eligible for the category of award you are recommending. To ensure favourable consideration of the nominee, please ensure that all pertinent details of his/her work, as well as any available supporting testimonial, etc. are provided and/or attached to this form. Questions about the awards selection process may be directed to the Chair of the Awards Committee, through the Director of Services, at the Association's headquarters