

Submission Deadline: Friday, May 15, 2026
Email completed form/s to jpiazza@njpga.org

NEW JERSEY PROPANE GAS ASSOCIATION
Annual Howard Card Safety Award - 2025

NOMINATION FORM

Name of Nominee_____ Phone# _____

Home Address_____

Title_____Company_____

Address_____

Work Telephone#_____Email _____

Please make a statement below about the Nominee's specific contribution or commitment to the propane industry's excellence in safety. *(Use additional pages as needed and/or include a biography)*

_____

_____

_____

Occupational History (Give dates, names, and locations)

_____

_____

Safety Honors Awarded (Propane Gas Association or Propane related Associations)

_____

_____

Safety Publications, Articles - Authorship (Dates and Names)

_____

_____

Other Pertinent Information_____

_____

_____

Name of Person making Nomination_____

Employed by_____

Address_____

Phone_____Email _____

This Nomination Form may be accompanied by exhibits to support this nomination.
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NJPGA Nominating Form for
Bobtail or Cylinder Driver of the Year for Work in 2025

NAME OF DRIVER: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: HOME: _____ WORK: _____

(1) Number of continuous accident-free propane driving years nominee has driven: _____

(2) Number of continuous accident-free propane driving miles driven in nominee's employment career _____

(3) Number of accident-free propane driving miles driven in 2025: _____

(4) Check ifno traffic violations during 2025: _____

(5) Check ifno accidents during 2025: _____

(6) Rate nominee's public relations. (courtesy)
Good _____ Excellent _____ Superior _____

(7) Rate nominee's daily appearance.
Good _____ Excellent _____ Superior _____

(8) How well does nominee keep his vehicle?
Good _____ Excellent _____ Superior _____

(9) Why should this person be "Bobtail or Cylinder Driver of the Year"? **(Please Circle Bobtail or Cylinder.)**
(Add additional space if necessary.)

_____
_____
_____
_____
_____
_____

(10) Please provide any other information which will help evaluate this nominee.

_____
_____
_____

Submitted by:

Name: _____
Signature: _____
Company Address: _____
City/State/Zip: _____
Telephone: _____
Email: _____

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NJPGA Nominating Form for
Manager of the Year for Work in 2025*

NAME OF OFFICE PERSON: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: HOME: _____ WORK: _____

(1) How many years with the company: _____

(2) Attendance record: Good _____ Excellent _____ Superior _____

(3) Organization skills: Good _____ Excellent _____ Superior _____

(4) Rate nominee's appearance: Good _____ Excellent _____ Superior _____

(5) Willingness to do more than job expectations: Good _____ Excellent _____ Superior _____

Awards: _____

_____

(6) Outstanding Contributions: _____

_____

_____

7) Describe nominee's relations with both customers and internal staff: _____

_____

_____

(8) CETP trained: Yes _____ No _____

(9) Overall knowledge of company's products and services:
Good _____ Excellent _____ Superior _____

(10) Why should this person be "Manager of the Year"?
(Add additional space if necessary.)

_____

_____

_____

_____

Submitted by:

Name: _____
Signature: _____
Company Address: _____
City/State/Zip: _____
Telephone: _____
Email: _____

***Intended for managers who are not owners or individuals in executive positions.**

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NJPGA Nominating Form for

Material Handler of the Year for Work in 2025

NAME OF MATERIAL HANDLER: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: HOME: _____ WORK: _____

(1) How many years with the company: _____

(2) Attendance record: Good _____ Excellent _____ Superior _____

(3) Organization skills: Good _____ Excellent _____ Superior _____

(4) Rate nominee's daily appearance: Good _____ Excellent _____ Superior _____

(5) Rate nominee's public relations. (courtesy) Good _____ Excellent _____ Superior _____

(6) Outstanding Contributions: _____

_____

_____

(7) Describe nominee's relations with both customers and internal staff: _____

_____

_____

(8) CETP trained: Yes _____ No _____

(9) Why should this person be "Material Handler of the Year"? (Add additional space if necessary.)

_____

_____

_____

_____

_____

_____

(10) Please provide any other information which will help evaluate this nominee.

_____

_____

_____

Submitted by:

Name: _____
Signature: _____
Company Address: _____
City/State/Zip: _____
Telephone: _____
Email: _____

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NJPGA Nominating Form for
Office Person of the Year for Work in 2025

NAME OF OFFICE PERSON: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: HOME: _____ WORK: _____

(1) How many years with the company: _____

(2) Attendance record: Good _____ Excellent _____ Superior _____

(3) Organization skills: Good _____ Excellent _____ Superior _____

(4) Rate nominee's appearance: Good _____ Excellent _____ Superior _____

(5) Willingness to do more than job expectations: Good _____ Excellent _____ Superior _____

Comments: _____

_____

(6) Outstanding Contributions: _____

_____

_____

7) Describe nominee's relations with both customers and internal staff: _____

_____

_____

(8) CETP trained: Yes _____ No _____

(9) Overall knowledge of company's products and services:
Good _____ Excellent _____ Superior _____

(10) Why should this person be "Office Person of the Year"? (Add additional space if necessary.)

_____

_____

_____

_____

Submitted by:

Name: _____
Signature: _____
Company Address: _____
City/State/Zip: _____
Telephone: _____
Email: _____

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NJPGA Nominating Form for
Salesperson of the Year for Work in 2025

NAME OF SALESPERSON: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: HOME: _____ WORK: _____

(1) How many years with the company: _____

(2) Rate nominee's customer relations: Good _____ Excellent _____ Superior _____

(3) Does he/she get repeat business: Yes _____ No _____

(4) Outstanding Achievements: _____

_____

_____

5) Describe nominee's relations with customers and the public: _____

_____

_____

(6) Yearly sales volume: In Dollars _____ or in Gallons _____

(7) Special sales techniques: _____

_____

_____

(8) Customer follow up: Good _____ Excellent _____ Superior _____

(9) Overall knowledge of products: Good _____ Excellent _____ Superior _____

(10) Why should this person be "Salesperson of the Year"? (Add additional space if necessary.)

_____

_____

_____

_____

Submitted by:

Name: _____
Signature: _____
Company Address: _____
City/State/Zip: _____
Telephone: _____
Email: _____

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NJPGA Nominating Form for
Service Person of the Year for Work in 2025

NAME OF SERVICE PERSON: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: HOME: _____ **WORK:** ____/_____

(1) Number of years in the LP Gas industry: _____

(2) Number of years as serviceman: _____

(3) Formal Training Programs Attended:

_____

_____

(4) Gas Check Trained: Yes_____No_____

(5) Commendations or Citations received:

_____

_____

(6) How neat and organized does nominee keep his toolbox?
Good _____Excellent _____Superior _____

(7) Describe nominee's daily appearance.

_____

_____

(8) Describe nominee's relations with customers and the public.

_____

_____

(9) How many call backs does nominee have per year? Few _____Many _____A Lot _____

(10) Why should this person be "Service Person of the Year"? (Add additional space if necessary.)

_____

_____

_____

_____

(11) Please provide any other information which will help evaluate this nominee.

_____

_____

Submitted by:

Name: _____
Signature: _____
Company Address: _____
City/State/Zip: _____
Telephone: _____
Email: _____

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NJPGA Nominating Form for
Transport Driver of the Year for Work in 2025

NAME OF DRIVER: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: HOME: _____ WORK: _____

(1) Number of continuous accident-free propane driving years nominee has driven: _____

(2) Number of continuous accident-free propane driving miles driven in nominee's employment career _____

(3) Number of accident-free propane driving miles driven in 2025: _____

(4) Check ifno traffic violations during 2025: _____

(5) Check ifno accidents during 2025: _____

(6) Rate nominee's public relations. (courtesy)
Good _____ Excellent _____ Superior _____

(7) Rate nominee's daily appearance.
Good _____ Excellent _____ Superior _____

(8) How well does nominee keep his vehicle?
Good _____ Excellent _____ Superior _____

(9) Why should this person be "Transport Driver of the Year"? (Add additional space if necessary.)

_____
_____
_____
_____
_____
_____

(10) Please provide any other information which will help evaluate this nominee.

_____
_____
_____

Submitted by:

Name: _____
Signature: _____
Company Address: _____
City/State/Zip: _____
Telephone: _____
E-mail: _____

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NJPGA Nominating Form for

Service Scheduler of the Year for Work in 2025

NAME OF SERVICE SCHEDULER: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: CELL: _____/_____ WORK: _____

(1) How many years with the company: _____

(2) Attendance record: Good _____ Excellent _____ Superior _____

(3) Organization skills: Good _____ Excellent _____ Superior _____

(4) Rate the nominee's appearance: Good _____ Excellent _____ Superior _____

(5) Willingness to do more than job expectations: Good _____ Excellent _____ Superior _____

Comments: _____

_____

(6) Outstanding Contributions _____

_____

_____

7) Describe nominee's relations with both customers and internal staff: _____

_____

_____

(8) CETP trained: Yes _____ No _____

(9) Overall knowledge of the company's products and services:
Good _____ Excellent _____ Superior _____

(10) Why should this person be "Service Scheduler of the Year"? (Add additional space if necessary.)

_____

_____

_____

_____

Submitted by:

Name: _____ Signature: _____

Company: _____ Address: _____

Telephone: _____ Email: _____

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Trainer of the Year for Work in 2025

NAME OF TRAINER: _____

COMPANY: _____

CITY/STATE: _____ **PHONE:** _____

(1) Number of years the nominee has been training in the propane industry: _____

(2) Total number of training sessions conducted by the nominee in 2025: _____

(3) Types of training programs the nominee has delivered (e.g., safety training, certification programs, new employee onboarding):

_____

_____

(4) Circle the nominee's communication skills during training sessions:
Good Excellent Superior

(5) Circle nominee's ability to engage and maintain the attention of trainees:
Good Excellent Superior

(6) How would you rate the nominee's professional appearance and conduct during training sessions?
Good Excellent Superior

(7) How would you rate the nominee's professional appearance and conduct during training sessions?
Good Excellent Superior

(8) Check if the nominee has contributed to the development of new training materials or programs in 2025:
Yes No Name the Program:

_____

(9) Describe the nominee's approach to ensuring trainees understand and retain safety protocols:

_____

_____

_____

Why should this person be awarded "Trainer of the Year"? (Add additional space if necessary):

_____

_____

_____

Submitted by: Name _____ Signature _____

Company Name _____ City/State _____

Email _____ Phone _____

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