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NEW JERSEY PROPANE GAS ASSOCIATION
Annual Howard Card Safety Award - 2024

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.
Please email your nomination and all supporting documents to
Jacqueline Piazza at jpiazza@njpga.org.
This form must be received **no later than Friday, November 8th, 2024.**

NJPGA Nominating Form for
Bobtail or Cylinder Driver of the Year for Work in 2024

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 2024: _____.

(4) Check if no traffic violations during 2024: _____.

(5) Check if no accidents during 2024: _____

(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: _____

Submission Deadline: Friday, November 8, 2024
Kindly email NJPGA Headquarters at jpiazza@njpga.org. Thank you.

NJPGA Nominating Form for
Manager of the Year for Work in 2024*

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.**

Submission Deadline: Friday, November 8, 2024
Kindly email NJPGA Headquarters at jpiazza@njpga.org. Thank you.

NJPGA Nominating Form for
Material Handler of the Year for Work in 2024

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: _____

Submission Deadline: Friday, November 8, 2024
Kindly email NJPGA Headquarters at jpiazza@njpga.org. Thank you.

NJPGA Nominating Form for
Office Person of the Year for Work in 2024

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: _____

Submission Deadline: Friday, November 8, 2024
Kindly email NJPGA Headquarters at jpiazza@njpga.org. Thank you.

NJPGA Nominating Form for
Salesperson of the Year for Work in 2024

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: _____

Submission Deadline: Friday, November 8, 2024

Kindly email NJPGA Headquarters at jpiazza@njpga.org. Thank you.

NJPGA Nominating Form for
Service Person of the Year for Work in 2024

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: _____

Submission Deadline: Friday, November 8, 2024
Kindly email NJPGA Headquarters at jpiazza@njpga.org. Thank you.

NJPGA Nominating Form for
Transport Driver of the Year for Work in 2024

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 2024: _____.

(4) Check if no traffic violations during 2024: _____.

(5) Check if no accidents during 2024: _____

(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: _____

Submission Deadline: Friday, November 8, 2024
Kindly email NJPGA Headquarters at jpiazza@njpga.org. Thank you.

NJPGA Nominating Form for

Service Scheduler of the Year for Work in 2024

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:_____

Submission Deadline: Friday, November 8, 2024
Kindly email NJPGA Headquarters at jpiazza@njpga.org. Thank you.