



The American Legion
Department of Alabama
Public Safety Telecommunicator of the Year Application

Date _____ Sex _____

Name _____

Home Address _____

City _____ State _____ ZIP _____

Age _____ Marital Status _____ Spouse's Name _____

Length of Service as a Public Safety Telecommunicator _____

Agency Name _____ Telephone # _____

Agency Head _____ Title _____

Nominee's Supervisor _____ Title _____

Agency Address _____

City _____ State _____ ZIP _____

Post Submitting Nomination: _____

Post Public Safety Chairman: _____

Post Address: _____

Commander

Adjutant