



**FACTS ABOUT THE NOMINEE:**

Name and title of nominee: \_\_\_\_\_

Company name: \_\_\_\_\_

Nominee's daytime phone: ( ) \_\_\_\_\_

Nominee's company address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Nominee's date of birth: \_\_\_\_\_ Total number of years in the collision repair industry: \_\_\_\_\_

Education (list schools attended, degrees earned): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOMINEE'S COLLISION REPAIR INDUSTRY BUSINESS HISTORY:**

List shop(s) worked for and/or owned, dates and positions held. Review growth and development of business(s) this person has been in charge of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOMINEE'S SIGNIFICANT COLLISION REPAIR INDUSTRY CONTRIBUTIONS:**

List any significant milestones, accomplishments, rewards, recognition, special achievements, etc. Review what makes this person different from the average shop owner: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INDUSTRY SERVICE RECORD/VOLUNTEERISM:**

List all industry association involvement, leadership positions and committee activities nominee has been involved in, including date, position held, special achievements attained, special honors/recognition and offices held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOMINATOR INFORMATION:**

Name and title of nominator: \_\_\_\_\_

Nominator's place of business: \_\_\_\_\_

Nominator's signature: \_\_\_\_\_

Nominator's daytime telephone: ( ) \_\_\_\_\_

**NOMINATION FORM MUST BE RECEIVED BY SEPT. 1, 2010.**

Mail to: *BodyShop Business*, Executive of the Year, 3550 Embassy Parkway, Akron, Ohio 44333; or fax completed form to (330) 670-0874.