

**NAPT HALL OF FAME  
NOMINATION FORM**

I WISH TO NOMINATE THE FOLLOWING INDIVIDUAL TO THE  
NAPT HALL OF FAME:

\_\_\_\_\_  
NOMINEE'S NAME

\_\_\_\_\_  
NOMINEE'S STREET ADDRESS

\_\_\_\_\_  
NOMINEE'S CITY, STATE AND ZIP CODE

WAS THIS INDIVIDUAL NOMINATED IN A PREVIOUS YEAR? Yes \_\_\_ No \_\_\_

PLEASE CHECK ONE OF THE FOLLOWING: \_\_\_ ORIGINAL SUBMISSION  
\_\_\_ RESUBMISSION\*

*\*If the nominee was nominated in a previous year, the file can be reactivated and only additional supporting material need be submitted by the above-mentioned deadline.*

\_\_\_\_\_  
NOMINATOR'S NAME (Please print)

\_\_\_\_\_  
NOMINATOR'S MAILING ADDRESS

\_\_\_\_\_  
NOMINATOR'S CITY, STATE AND ZIP CODE

\_\_\_\_\_  
NOMINATOR'S TELEPHONE NUMBER

\_\_\_\_\_  
NOMINATOR'S SIGNATURE

This nomination form, along with appropriate attachments, must be  
completed and returned no later than August 15 to:

NATIONAL ASSOCIATION for PUPIL TRANSPORTATION  
1840 Western Avenue  
Albany, NY 12203