NEW JERSEY MOSQUITO CONTROL ASSOCIATION, INC.

AWARD and RESOLUTION NOMINATION FORM

- □ **A.R. "Bunnie" Hajek, NJMCA Award**
- □ **Achievement Award**
- □ **Twenty-Five Year Service Roll**
- □ **Outstanding Mosquito Worker Award**
- □ **Resolution**

Award/Resolution NOMINEE: _____ **Title:** _____

PLEASE **print clearly** & **provide correct spelling** as this will be used for any award if accepted/approved
Note: *Nominees who do not receive a particular award/recognition can be nominated again in the future.*

NJ Mosquito Control Agency Affiliation:

_____

Brief History/Background in Mosquito Control:

_____

_____

_____

Reason(s) – Continue on the back or attach additional sheet(s) & support documentation if available/appropriate:

_____

_____

_____

_____

Person(s) Providing Nomination:

_____

Best Venue for Presentation of this Award/Recognition (listed in chronological order):

¤ North Pesticide Applicator Re-Certification Training

¤ South Pesticide Applicator Re-Certification Training

¤ NJMCA Annual Business Meeting

¤ NJMCA Annual Meeting Banquet

¤ Will not be available at any of the above gatherings. Suggested Alternative:

_____

Signature of Program Superintendent/Director/Head _____,

for the following purpose:

□ *A.R. "Bunnie" Hajek, New Jersey Mosquito Control Association Award (no endorsement signature required)*

□ *Achievement Award (verification: 12 years and about to retire-between current and next annual meetings)*

□ *Twenty-five Year Service Award (verification: 25 years of service as of the annual meeting)*

□ *Outstanding Mosquito Worker Award (endorsement by Program Director/Superintendent).*

Nominations are now being accepted until Friday, January 31st, 2025

Submit Nominations to: Manar Soliman, Awards Committee Chair

Hudson Regional Health Commission, Mosquito Control Dept., Mail: 595 County Ave., Building #1 Secaucus, NJ 07094

Questions call: 201-223-1133 or email msoliman@hudsonregional.gov

11/15/2024