

NEW JERSEY MOSQUITO CONTROL ASSOCIATION, INC.

AWARD and RESOLUTION NOMINATION FORM

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

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 30th, 2026

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