



VIRGINIA PROFESSIONAL FIRE FIGHTERS

RAYMOND S. VIA AWARD 2026 NOMINATION FORM

NAME OF NOMINEE: _____

RANK: _____

NAME OF DEPT: _____

NO. OF YEARS IN DEPT: _____

IAFF LOCAL NUMBER: _____

NO. OF YEARS IN LOCAL: _____

PAST/PRESENT OFFICES HELD: _____

PAST/PRESENT COMMITTEES: _____

IN SUBMITTING THE FOLLOWING INFORMATION, PLEASE BE AS SPECIFIC AS POSSIBLE AND AVOID GENERALITIES IN REGARDS TO HIS/HER ACCOMPLISHMENTS:

COMMUNITY INVOLVEMENT: _____

CIVIC ORGANIZATIONS: _____

LOCAL UNION PUBLIC RELATIONS: _____

POLITICAL INVOLVEMENT: _____

LOCAL LEVEL: _____

STATE LEVEL: _____

NATIONAL LEVEL: _____

ADDITIONAL INFORMATION RELATING TO THE MERITS OF THE NOMINEE MAY BE ATTACHED TO THIS FORM

SUBMITTED BY:

SUBMITTING LOCAL NO: _____

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____