



# 100 Club/Buckle for Life



## Law Enforcement Officer Appreciation Luncheons NOMINATION FORM

### INSTRUCTIONS FOR COMPLETION

Please complete **one (1) form** per officer nomination. **Deadline for nominations is August 12, 2013.** Please fax to 601-977-3701 or email to: [MOHS@dps.ms.gov](mailto:MOHS@dps.ms.gov). Please place Award Luncheon in the subject line.

Questions: Please contact Sandra Moffett @ 601-977-3728 or Robin Layton @ 601-977-3724.

### NOMINEE INFORMATION

Rank/Name: \_\_\_\_\_

Officers Email Address (invitation email): \_\_\_\_\_

Officers T-Shirt Size: \_\_\_\_\_

### DUI

#### 2012 CALENDAR YEAR CITATIONS (OFFICER)

Number of DUI Arrests:  
(Actual Signed Affidavit) \_\_\_\_\_

Number of DUI Arrest During  
Drive Sober or Get Pulled Over:  
(Written August 17<sup>th</sup> – September 3<sup>rd</sup>) \_\_\_\_\_

### CHILD RESTRAINT/SEAT BELT

#### 2012 CALENDAR YEAR WRITTEN CITATIONS (OFFICER)

Number of Child Restraint  
Citations:  
(Written) \_\_\_\_\_

Number of Seat Belt Citations:  
(Written) \_\_\_\_\_

Number of Child Restraint  
and Seat Belt Citations  
During Click It or Ticket:  
(Written May 21<sup>st</sup> – June 3<sup>rd</sup>) \_\_\_\_\_

### 2012 RAILROAD CITATIONS (OFFICER)

Number of Railroad Citations written: \_\_\_\_\_

### LAW ENFORCEMENT AGENCY/MHP DISTRICT

#### 2012 CALENDAR YEAR TOTAL WRITTEN CITATIONS

Number of DUI Arrests:  
(Actual Signed Affidavit) \_\_\_\_\_

Number of Written Child Restraint  
Citations: \_\_\_\_\_

Number of Written Seat Belt  
Citations: \_\_\_\_\_

### 2012 COMMUNITY SERVICE NOMINATION

Do you have a nomination for a community service award (individual) who has made milestone contributions towards impaired driving prevention or safety belt/child restraint usage?

Yes     No

Do you have a nomination for a Highway Safety Partnership Award (local, state or community based agency) that has made milestone contributions towards impaired driving prevention or safety belt/child restraint usage?

Yes     No

### AGENCY CERTIFICATION

Law Enforcement Agency/MHP District Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

City/County Population Size:  
(Required) \_\_\_\_\_

Contact Name: \_\_\_\_\_

I certify that the above information is true and correct.

Sheriff/Chief/MHP Captain Signature: \_\_\_\_\_