



Virginia Chapter
International Association of Arson Investigators
 Incorporated



ARSON AWARD NOMINATION FORM

Mail To:
Arson Award Program
Post Office Box 1367
Madison, VA 22727

Your Name:		Title:	
Your Department & Address		Address of Fire	
Today's Date	Date of Fire	Your Telephone Number	Recipient Home Number
Recipient:		Social Security No.	Recipient Work Number
Recipient Address			
		Insurance Company Contact:	
		Insurance Company and Address	
Sex	DOB	\$ Amount of Loss	
Sentence:		Disposition:	
Name of Accused		Legal Jurisdiction	Date of Conviction
I think the recipient should be considered for the Arson Award of the Virginia Advisory Committee on Arson Prevention (IAAI) because: (Complete this statement below)			
Does the recipient want to remain anonymous?			
COMPLETE ADDITIONAL INFORMATION ON REVERSE		Nominator's Signature	

How did the recipient first contact public authorities? :
What is the relationship between the accused and the recipient?
Is the recipient in danger from the accused? (Give Details)
What triggered the recipient to go to the authorities?
What information did the recipient give that lead to the accused arrest?
In a scale of 1 to 10, how would you rate the value of the recipient? (1 being very little value and 10 being an eye witness)
Additional Information: