



## Board of Laser Safety®

# BLS Illumination Award Nomination Form

The recipient of the BLS Illumination Award is a CLSO/CMLSO employer, i.e., institution, company or organization that has provided significant support for employee participation within the laser safety community and/or has made outstanding contributions to the field of laser safety.

**Supporting Information:** Cite the activities for which the candidate is to be recognized using the award's criteria for reference. Provide a description of the organization, company, or institution of higher education. Please attach supporting documentation, not to exceed four (4) pages.

**Supporting sponsors:** Nominator must be a CLSO or CMLSO in good standing; document nominee's contribution in the field; and provide at least two (2) completed Nomination Support Forms from BLS certified laser safety professionals. Nominator and/ or supporters do not have to be employees of the proposed award recipient.

### BLS Illumination Award Form

Candidate Organization Name: \_\_\_\_\_

Organization Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Website URL: \_\_\_\_\_

Comments: \_\_\_\_\_

### Nominated By

Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Company Affiliation: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

### Sponsors

Name 1: \_\_\_\_\_ Certification Number 1: \_\_\_\_\_

Email 1: \_\_\_\_\_ Telephone 1: \_\_\_\_\_

Name 2: \_\_\_\_\_ Certification Number 2: \_\_\_\_\_

Email 2: \_\_\_\_\_ Telephone 2: \_\_\_\_\_

Name 3: \_\_\_\_\_ Certification Number 3: \_\_\_\_\_

Email 3: \_\_\_\_\_ Telephone 3: \_\_\_\_\_