



# International Towing & Recovery Hall of Fame & Museum Hall of Fame Class of 2024 Nomination Form



## ELIGIBILITY REQUIREMENTS

To be eligible for inclusion in the ITRHFM Hall of Fame, nominees must meet at least one of the following criteria:

### **Tow Equipment / Product Innovation**

Nominee must have demonstrated industry innovation through a product sold in the marketplace that has helped move the industry forward. Candidate must have a minimum of 10 years of service to the industry.

### **Exemplary Dedication**

Nominee must have at least 20 years of experience in running a towing business in an outstanding and exemplary manner, promoting a positive image of the towing industry and have positive relationships with the community (i.e.: performing services for the community above and beyond the services for hire). Limit: One inductee per year.

### **Industry Leadership**

Nominee must have played a significant role in the leadership of an outstanding project that has had a dynamic and lasting effect on the towing industry. Candidate must have a minimum of 10 years of service to the industry.

### **Professional Achievement**

Nominee must have created a product or service, of any kind, that has had a significant and lasting effect on thousands of towing professionals. Candidate must have a minimum of 10 years of service to the industry.

### **Instructions:**

Fill out these forms entirely and use additional pages as needed. ***This application should be submitted with a photo of the nominee as well as any related documentation that may be available.*** Newspaper articles, magazine coverage, letters of recommendation, etc. are strongly encouraged. Considering the number of nominees, the forms alone are not typically enough information to adequately provide the selection committee with the materials needed to make a favorable decision. Please make copies of all submissions. Originals are not returned and if nominee is not selected a new submission will be required for consideration in future years.

Community Support / Service

**No submissions will be accepted before October 1, 2023.**

**Packets must be submitted to the ITRHFM postmarked no later than January 31, 2024.**

ITRHFM  
3315 Broad Street  
Chattanooga, TN 37408  
USA

**International Towing & Recovery  
Hall of Fame & Museum  
Hall of Fame Nomination Form**

**Nominee Information:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Children's Names and Ages: \_\_\_\_\_

First Year in the Industry: \_\_\_\_\_ First Employer / Company: \_\_\_\_\_

Name of Current Employer / Company: \_\_\_\_\_ Position: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Nominee meets the eligibility requirement(s) checked below:**

- Tow Equipment / Product Innovation
- Exemplary Dedication
- Industry Leadership
- Professional Achievement

Describe how nominee meets this (these) requirements:

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**International Towing & Recovery  
Hall of Fame & Museum  
Hall of Fame Nomination Form**

*Describe how nominee meets this (these) requirements (Continued):*

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Is the nominee currently a supporter (member) of the ITRHFM? \_\_\_\_\_

Is the nominee currently a member of their state association? \_\_\_\_\_

Is the nominee currently a member of the TRAA? \_\_\_\_\_

List other association memberships:

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Positions held in associations or other affiliations:

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List significant contributions to the towing & recovery industry:

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List special recognition(s) for service or contributions to the towing & recovery industry:

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**International Towing & Recovery  
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List any other special recognition(s) to be considered:

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Describe nominee's community involvement:

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List special training, education, or certification(s):

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Provide any additional comments:

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*Attach additional pages as needed.*

**Nominator Information** *(Nominator must be a current regular or corporate supporter of the ITRHFM):*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_