



Hall of Honor Nomination Form

All new nominations and re-nominations must be received by Sept. 30. If the nominator is unable to find information such as specific dates of employment or copies of the F5 verification document, TABC will accept the nomination form with partial or incomplete information for consideration.

Nominee's full name: _____

Home address: _____

Home phone: _____ Work phone: _____

Date of retirement from TABC: _____ Total years worked for TABC: _____

Date(s) of employment with TABC: _____

Title of last position held at TABC: _____

If nominee was a commissioned peace officer, did they receive an honorable discharge?

☐ Yes ☐ No (must attach F5 verification document)

Is nominee deceased? ☐ Yes ☐ No

Is this a re-nomination of a person who was not selected previously? ☐ Yes ☐ No

Please send a digital image of the nominee with the submission of this form and write a narrative summary describing the nominee's achievements and contributions in the space below:



Narrative continued:

Nominator's Statement: I hereby affirm the information contained herein is accurate to the best of my knowledge and understanding, and in conformance with the Nomination Guidelines. I agree to provide additional information if requested by the Texas Alcoholic Beverage Commission Nomination Committee.

Nominator's name: _____ Day phone: _____

Address: _____
(Street) (City) (State) (ZIP Code)

Nominator's email address: _____

Nominator's signature: _____

Please note: Only the nominator will be notified if their nominee is not selected.

Open this PDF using [Adobe Acrobat Reader](#) to use the submit button or email this document to HallOfHonor@tabc.texas.gov.

Mail this form and complete nomination packet to:

**Texas Alcoholic Beverage Commission
Hall of Honor Nomination Committee
5806 Mesa Drive
Austin, TX 78731**