



UNIFIED ARIZONA VETERANS COPPER SHIELD AWARD NOMINATOR'S CHECKLIST



NAME OF NOMINEE: _____ DATE: _____

TELEPHONE: _____ EMAIL: _____

ARIZONA STATE REPRESENTATIVE? Y ____ N ____ DISTRICT: _____

ARIZONA STATE SENATOR? Y ____ N ____ DISTRICT: _____

OFFICE ADDRESS:

CITY: _____ STATE: _____ ZIP CODE: _____

NOMINATING PERSON: _____

UAV ORGANIZATION OF NOMINATING PERSON: _____

MAIL SIGNED AND COMPLETED NOMINATOR CHECKLIST TO:

Unified Arizona Veterans, P. O. Box 34338, Phoenix, AZ 85067



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- I hereby certify that the information contained in this Nomination is true and accurate to the best of my knowledge.
- I agree to provide additional information if requested by the UAV.
- I agree to provide digital photograph(s) of Nominee as specified in UAV Photo Guidance.
- I have notified the Nominee (if deceased, a representative) that, if selected, their biography and photographs will be used by UAV in all forms of legacy or digital media, to include print, audio, and video.
- I have notified the Nominee (if deceased, a representative) that, if selected, the Nominee must attend the Patriotic Awards Luncheon in person to receive the Copper Shield Award.
- I understand and agree that this Nomination will not proceed until the signed Nomination Certification & Signature Form is received via US Mail by UAV.
- I agree that it is the responsibility of the Nominator to ensure all conditions of Nomination are met and satisfied.
- I hereby certify that the Nominee (if deceased, a representative) has agreed to all stipulations as specified on this checklist and the online Nomination form.

NOMINATOR NAME: _____

NOMINATOR SIGNATURE: _____

PHONE: _____ MOBILE: _____

EMAIL: _____