



# ARMY AVIATION ASSOCIATION OF AMERICA, INC.

593 Main Street, Monroe, CT 06468-2830 • Telephone: (203) 268-2450 • FAX: (203) 268-5870 • [www.quad-a.org](http://www.quad-a.org)

## AAAA OUTSTANDING AVIATION LOGISTICS SUPPORT UNIT OF THE YEAR

Awarded to the Active Army or Reserve Component aviation unit that has made an outstanding contribution to, or innovation in, the logistic support of Army Aviation during the awards period encompassing August 1 through July 31.

|  |      |                                   |                            |
|--|------|-----------------------------------|----------------------------|
| <b>UNIT INFORMATION</b>  |      |                                   |                            |
| Date Nomination is Being Submitted: _____  |      | AAAA Chapter Affiliation: _____   |                            |
| Name of Unit: _____  |      |                                   |                            |
| Unit's Street Address: _____   |      |                                   |                            |
| Street   | City | State                             | Zip Code/APO               |
| Unit's CONUS Address: _____  |      |                                   |                            |
| (If different from above)  |      |                                   |                            |
| Street   | City | State                             | Zip Code                   |
| <b>LEADERSHIP INFORMATION</b>  |      |                                   |                            |
| Rank/Name of Unit's Commander: _____   |      | Commander's Cell #: _____         | Commander's E-mail: _____  |
| Rank/Name of Unit's Senior NCO: _____  |      | Senior NCO's Cell #: _____        | Senior NCO's E-mail: _____ |
| Rank/Name of Unit's CCWO: _____  |      | CCWO's Cell #: _____              | CCWO's E-mail: _____       |
| (Brigade and higher, where authorized)   |      |                                   |                            |
| <b>NOMINATOR INFORMATION</b>   |      |                                   |                            |
| Name of Nominator: _____   |      |                                   |                            |
| Nominator's Address: _____   |      |                                   |                            |
| Street   | City | State                             | Zip Code                   |
| Nominator's Cell Phone: _____  |      | Nominator's Business Phone: _____ | Nominator's E-mail: _____  |
| Did your AAAA Chapter or Region conduct a local Awards Program?                    |      | Yes                               | No                         |
| If yes, was this nomination selected by your AAAA Chapter or Region as the winner? |      | Yes                               | No                         |
| If yes, signature of AAAA Chapter or Region President: _____                       |      |                                   |                            |

### **YOUR NOMINATION MUST INCLUDE:**

**\*WORD COUNTS WILL BE ENFORCED\***

**\*Any additional information submitted will not be accepted\***

- This nomination form
- 250 word summary of the main reason for the nomination
- 1,500 word document of supporting detailed information for the reason of this nomination
- Biography of nominee (Commander/Senior NCO/ CCWO), 2 page maximum per individual
- Head/shoulder photograph of nominee (Commander/Senior NCO/CCWO)

Please submit this Nomination Form to [awards@quad-a.org](mailto:awards@quad-a.org)

Or mail to: AAAA, ATTN: AWARDS CHAIRMAN, 593 Main St., Monroe, CT 06468-2806

**DEADLINE FOR RECEIPT OF NOMINATION IS AUGUST 1<sup>ST</sup>**