



Deadline: August 16<sup>th</sup>, 2021  
Submit nomination package by email to:  
[info@abilitynb.ca](mailto:info@abilitynb.ca)

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**I wish to nominate the following person to receive a Commemorative Recognition Medal - Step 1 of 4**

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Salutation

Mr.  Mrs.  Ms.  Other (specify) \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address

Home  Business \_\_\_\_\_

P.O. Box \_\_\_\_\_ Unit/Suite/Apt. \_\_\_\_\_ Street No. \_\_\_\_\_

Street Name \_\_\_\_\_ Street Type \_\_\_\_\_

City/Town/Village/Community \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Type

Telephone No. \_\_\_\_\_

Extension \_\_\_\_\_

Home  Business (day)  Mobile

Alternate Telephone Type

Telephone No. \_\_\_\_\_

Extension \_\_\_\_\_

Home  Business (day)  Mobile

Email Address \_\_\_\_\_

Preferred Language of Communication

English

French

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**Nomination Statement - Step 2 of 4**

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Provide a list of achievements the nominee has done in order to help advance the interest of New Brunswickers living with a mobility disability. The list has to be of no more than 5 undertakings or less than 200 words.

Provide a statement indicating how long you have known the nominee and the reasons you believe this nominee is a worthy candidate. This will be your opportunity to capture the attention of the selection committee and to encourage him/her/them to read your nomination in detail. The statement should be typed and should not exceed 500 words.

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### Testimonial Writers - Step 3 of 4

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Provide two (2) testimonial letters from two (2) separate individuals other than the nominee (one of which may be the nominator), who have direct knowledge of the value and impact of the nominee's achievement and who support the nomination. The letters must be typed and signed by the testimonial writer and should not exceed the 500-word count. No more than two (2) letters will be accepted. Submit the testimonial letters with this nomination form.

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#### Testimonial Writer #1 – Include the written testimonial with this nomination form.

Salutation Mr. Mrs. Ms. Dr. Other (specify) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Name of Organization (if applicable) \_\_\_\_\_ Position/Title (if applicable) \_\_\_\_\_

Address Home Business

P.O. Box \_\_\_\_\_ Unit/Suite/Apt. \_\_\_\_\_ Street No. \_\_\_\_\_ Street Name \_\_\_\_\_

Street Type \_\_\_\_\_ City/Town/Village/Community \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone Type

Telephone No. \_\_\_\_\_

Extension \_\_\_\_\_

Home  Business (day)  Mobile \_\_\_\_\_

Email Address

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**Testimonial Writer #2 – Include the written testimonial with this nomination form.**

Salutation  Mr.  Mrs.  Ms.  Dr.  Other (specify) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Name of Organization (if applicable) \_\_\_\_\_ Position/Title (if applicable) \_\_\_\_\_

Address  Home  Business

P.O. Box \_\_\_\_\_ Unit/Suite/Apt. \_\_\_\_\_ Street No. \_\_\_\_\_ Street Name \_\_\_\_\_

Street Type \_\_\_\_\_ City/Town/Village/Community \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone Type \_\_\_\_\_ Telephone No. \_\_\_\_\_ Extension \_\_\_\_\_

Home  Business (day)  Mobile \_\_\_\_\_

Email Address

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**Nomination Submitted By- Step 4 of 4**

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Salutation

Mr.  Mrs.  Ms.  Other (specify) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address

Home  Business \_\_\_\_\_

P.O. Box \_\_\_\_\_ Unit/Suite/Apt. \_\_\_\_\_ Street No. \_\_\_\_\_

Street Name \_\_\_\_\_ Street Type \_\_\_\_\_

City/Town/Village/Community \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Type \_\_\_\_\_ Telephone No. \_\_\_\_\_ Extension \_\_\_\_\_

Home  Business (day)  Mobile \_\_\_\_\_

Alternate Telephone Type \_\_\_\_\_ Telephone No. \_\_\_\_\_ Extension \_\_\_\_\_

Home  Business (day)  Mobile \_\_\_\_\_

Email Address

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Preferred Language of Communication  English  French

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I hereby declare that all the information provided in this application is true and accurate in every respect. I understand that the nominee would be required to return the medal/award if the information is found to be inaccurate for any reason.

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Nominator Signature

Date (YYYY/MM/DD)

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