## **Nomination Form**

	Nominee	
Name:		
Address:		
Telephone:	Fax:	
Email:	•	
-		
	PERSON SUBMITTING THE NOMINATION	
Name:		
Organization:		
Address:		
Telephone:	Fax:	
Email:	,	
Brief description of the nominee		

Please send your nomination form and all the supporting documents to:

Office of Boating Safety, Transport Canada c/o Isabelle Girard 901 Cap Diamant, Suite 253 Quebec City, Quebec G1K 4K1 Fax: (418) 648-7337

