

ALLIED BUILDING METAL INDUSTRIES, INC.  
270 Madison Avenue, Suite 301  
New York, New York 10016

Posted on [www.alliedbuilding.org](http://www.alliedbuilding.org)



**ED SIMPSON**  
**IRON WORKER OF THE YEAR AWARD**  
(Local Union No. 580)

**JACK DALY**  
**IRON WORKER OF THE YEAR AWARD**  
(Local Union Nos. 40 and 361)

**NOMINATION FORM**

**1. EMPLOYEE NOMINATED**

Name of Nominee: \_\_\_\_\_

Address of Nominee: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Social Security No.: \_\_\_\_\_

Union Affiliation: \_\_\_\_\_

Status: ( ) Apprentice ( ) Journeyperson ( ) Foreperson ( ) Superintendent

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Telephone No.: (\_\_\_\_) \_\_\_\_\_

Nominator: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

Please provide a brief biography of the nominee: (please feel free to attached additional sheets)

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**2. CATEGORY FOR WHICH NOMINATION IS MADE (MUST CHECK ONE)**

- New and Renovated Bridges                       New Building
- Building Renovation                                 Miscellaneous Metal Project
- Architectural and Ornamental Metal Project

**3. PROJECT/PROJECTS**

Name of Project/Projects: \_\_\_\_\_

Location of Project/Projects: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(County/Town/City)

Total Iron Worker Hours Worked on Project/Projects: \_\_\_\_\_

Project/Projects start date: \_\_\_\_\_

Project/Projects completion date: \_\_\_\_\_

Description of project/projects:

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In detailed narrative form, explain the basis for the nomination. In so doing include details regarding, any or all of the following (if necessary, please attach additional pages):

- Outstanding supervision on a particular project/projects which contributed to completion ahead of schedule and under budget.
- Proposal which was implemented and resulted in a significant increase in productivity.
- Proposal which was implemented and resulted in significant cost savings.

- Proposal to address unique safety and/or health issue which resulted in a substantial decrease in accidents/injuries.
- Outstanding craftsmanship or workmanship.

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Did your Company have any OSHA citations on the project/projects? ( ) No ( ) Yes

If so, please explain:

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Was the project/projects cited for any special recognition by the owner, governmental agency, local or national media? ( ) No ( ) Yes

If so, please provide details and if applicable, a copy of any news release, articles, awards etc.

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Please send completed nomination form to:

Iron Worker of the Year Awards Program  
Allied Building Metal Industries, Inc.  
270 Madison Avenue, Suite 301  
New York, New York 10016

I acknowledge and agree the Iron Worker of the Year Awards Committee reserves the right to interpret all rules and regulations regarding the Iron Worker of the Year Awards Program and any decision made by said Committee is final and irrevocable. I agree to be bound by the decision of the Committee which shall be considered final and binding.

Date: \_\_\_\_\_

\_\_\_\_\_  
Nominator (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

**NOTE: Nomination must be submitted by March 31.**