



Hall of Honor Nomination Form

All new nominations and re-nominations must be received by Sept. 30.

Nominee's full name: _____

Mailing address: _____

Home phone: _____ Work phone: _____

Date of retirement from TABC: _____ Total years worked for TABC: _____

Title of last position held at TABC: _____

If nominee was a commissioned peace officer, did they receive an honorable discharge?

Yes No

Is nominee deceased? Yes No

If nominee is deceased, please provide information below that may help locate next of kin or others who may have that information (e.g., coworkers who also knew the nominee).

Contact's full name: _____

Email address: _____

Mailing address: _____

Phone number: _____

Please send a digital image of the nominee with the submission of this form and write a narrative summary describing the nominee's achievements and contributions in the space below. If you need technical help, email HallofHonor@tabc.texas.gov.



Narrative continued:

Nominator's Statement: Please provide your contact information below in the event that we need additional information. I agree to provide additional information if requested by the Texas Alcoholic Beverage Commission Nomination Committee.

Nominator's name: _____ Day phone: _____

Address: _____
(Street) (City) (State) (ZIP Code)

Nominator's email address: _____

Nominator's signature: _____

Date: _____

Please note: Only the nominator will be notified if their nominee is not selected.

Open this PDF using [Adobe Acrobat Reader](#) to use the submit button or email this document to HallOfHonor@tabc.texas.gov.

Mail this form and complete nomination packet to:

**Texas Alcoholic Beverage Commission
Hall of Honor Nomination Committee
5806 Mesa Drive
Austin, TX 78731**