



**Disabled American Veterans  
Department of Arizona**

**2026 DEPARTMENT OF ARIZONA BUSINESS AWARDS NOMINATION**

**Forms shall be submitted electronically:**

To: [Adjutant@az-dav.org](mailto:Adjutant@az-dav.org)  
Cc: [Admin@az-dav.org](mailto:Admin@az-dav.org)  
[Admin2@az-dav.org](mailto:Admin2@az-dav.org)

**Must be received by Department  
NO LATER THAN April 01, 2026**

**Nomination Category:**

	<b>Large Business (200+ Employees)</b>	<b>DVOP of the Year (Disabled Veteran Outreach Program)</b>
	<b>Small Business (&lt;200 Employees)</b>	<b>LVER of the Year (Local Veteran Employment Representative)</b>

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**DVOP & LVER ONLY**

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**Nominee Name:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

**Children:** \_\_\_\_\_

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**ALL AWARD NOMINEES**

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**Contact Number (Work):** \_\_\_\_\_

**Contact Number (Home):** \_\_\_\_\_

**E-mail (Work):** \_\_\_\_\_

**E-mail (Home):** \_\_\_\_\_

**Military Service (if applicable)**

**Date:**  **Enlisted**  **Drafted**  **Commissioned** \_\_\_\_\_ **Date Separated** \_\_\_\_\_

**Branch:** \_\_\_\_\_ **Highest rank:** \_\_\_\_\_

**DAV Membership (if applicable)**

**Member**  **Eligible for Membership**  **Not Eligible for Membership**

**If DAV Member:** **Chapter:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Local Office Manager**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

**PLEASE TYPE OR PRINT, THE COMMITTEE MUST BE ABLE TO READ THIS**

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**DVOP & LVER ONLY**

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**Nominee's Achievements:**

**Nominee's Involvement with DAV and Community Groups:**

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**BUSINESS NOMINEES ONLY**

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**Company's Veteran Recruiting & Hiring Efforts:**

**Career Building, Retention & Development Efforts:**

**Community Involvement:**

**Additional Information (optional):**

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**ALL AWARD NOMINEES**

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**Submitted by:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Approved by (one signature required if submitted by a DAV representative):**

Dept Adjutant: \_\_\_\_\_ Dept Commander: \_\_\_\_\_