



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