

Crossing Guard Nomination Form

You may submit the information below via e-mail to cgadministrator@dot.state.fl.us, via fax at (850) 414-4221 or mail/deliver to (Attention: FSCGP) FDOT, Safety Office, 605 Suwannee Street- MS #53, Tallahassee, FL 32399-0450. More than one page may be used, and supporting documents added.

Guard's Name: _____

Law Enforcement Agency or Organization Name: _____

County: _____ City or Town: _____

School: _____ Street: _____

Guard's Crosswalk location (optional unless you do not know guard's name):

Describe how the guard exhibits professionalism. Is the guard responsible and competent with a positive attitude? Are they reliable? Do they have notable activities of community service that reflects the guard's professional character?

Describe how the guard contributes to a safer and friendlier environment at his or her crossing. Do they have the ability to effectively communicate to children about crossing procedures and traffic safety? Are they highly regarded by children and/or parents/adults?

Other reasons why this guard is deserving of recognition?

Your Name: _____

Email (optional): _____

Phone Number (optional): _____