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## SAFETY ACHIEVEMENT AWARD APPLICATION

I wish to file an application for an SGA Employee Safety Achievement Award by certifying the following record:

1. Name of Company \_\_\_\_\_
2. Group, department, division or unit covered by this application:  
\_\_\_\_\_
3. Character of work performed \_\_\_\_\_
4. Number of employees covered by this application \_\_\_\_\_
5. These employees make up a self contained unit under single supervision, they worked from \_\_\_\_\_ to \_\_\_\_\_ without  
(month, day, year) (month, day, year)  
experiencing a "disqualifying case" as defined in the rules of the award.
6. Type of award requested (**select one**)
  - A. Number of consecutive work-hours: (**check one**)

<input type="checkbox"/> 100,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000
<input type="checkbox"/> 250,000	<input type="checkbox"/> 750,000	<input type="checkbox"/> Other (how many)
  - B. Number of years: (must be in increments of 5) (**check one**)

<input type="checkbox"/> 5 Years	<input type="checkbox"/> 15 Years	<input type="checkbox"/> 25 Years
<input type="checkbox"/> 10 Years	<input type="checkbox"/> 20 Years	<input type="checkbox"/> Other (how many)
7. As of the date of this application, this record  (has)  (has not) been broken.
8. Instructions:
  - Do not laminate this award. (furnished by SGA)  
(3-4 weeks delivery)
  - Laminate this award. (approximately \$35)  
(6-8 weeks delivery)
  - Please send \_\_\_\_\_ additional un laminated copies of this award. (\$5 per copy)

MAIL AWARD TO:

\_\_\_\_\_  
Signature of Safety Director or Executive Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

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## MOTOR VEHICLE AWARD APPLICATION

I wish to file an application for an SGA Motor Vehicle Award by certifying the following record:

1. Name of Company \_\_\_\_\_
2. Group, department, division or unit covered by this application:  
\_\_\_\_\_
3. Character of work performed \_\_\_\_\_
4. Number of employees covered by this application \_\_\_\_\_
5. These employees make up a self contained unit under single supervision, driven from  
\_\_\_\_\_ to \_\_\_\_\_ without  
(month, day, year) (month, day, year)  
a recordable accident as defined in the rules of the award.
6. Type of award requested (**select one**)
  - A. Number of consecutive miles: (**check one**)

<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 1,500,000	<input type="checkbox"/> Other (how many)
<input type="checkbox"/> 750,000	<input type="checkbox"/> 1,250,000	<input type="checkbox"/> 2,000,000	
  - B. Number of years: (must be in increments of 5) (**check one**)

<input type="checkbox"/> 5 Years	<input type="checkbox"/> 15 Years	<input type="checkbox"/> 25 Years
<input type="checkbox"/> 10 Years	<input type="checkbox"/> 20 Years	<input type="checkbox"/> Other (how many)
7. As of the date of this application, this record  (has)  (has not) been broken.
8. Instructions:
  - Do not laminate this award. (furnished by SGA)  
(3-4 weeks delivery)
  - Laminate this award. (approximately \$35)  
(6-8 weeks delivery)
  - Please send \_\_\_\_\_ additional un laminated copies of this award. (\$5 per copy)

MAIL AWARD TO:

\_\_\_\_\_  
Signature of Safety Director or Executive Officer

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

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## SGA MERITORIOUS AWARD APPLICATION

Date \_\_\_\_\_

1. Name of employee for whom application is made: \_\_\_\_\_

2. Residence address of employee: \_\_\_\_\_  
\_\_\_\_\_

3. Title: \_\_\_\_\_

4. Employing Company and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Place service rendered: \_\_\_\_\_

6. Date service rendered: \_\_\_\_\_

7. Time service rendered: \_\_\_\_\_

8. Company training used: \_\_\_\_\_

9. Character of service rendered. On reverse side or on attached sheet(s), give full and accurate details with drawings and photographs of location (if necessary) to render full description.

10. To this application, attach any available statements by attending doctor, any available reports, witnesses' statements or other evidence in support of this application.

Signature of SGA member recommending that the above individual receive the Award.

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

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

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

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

Please return this application to: **Southern Gas Association**  
**3030 LBJ Freeway**  
**Suite 1300, LB 60**  
**Dallas, Texas 75234**