

NATIONAL AUTO BODY COUNCIL'S
RECYCLED RIDES®
CALIBER COLLISION

NATIONAL AUTO BODY COUNCIL RECYCLED RIDES® PROGRAM CRITERIA:

- Must have a valid driver's license
- Have a safe driving record
- Be financially challenged
- Must be able to obtain and maintain vehicle insurance
- Does not currently own a reliable, working vehicle

NOMINATION FORM
PLEASE SUBMIT TYPED, NOT HAND-WRITTEN

DATE SUBMITTED _____

SUBMITTED BY _____ RELATIONSHIP TO CANDIDATE _____

PHONE WORK CELL _____ EMAIL _____

CANDIDATE INFORMATION

NAME OF CANDIDATE _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE HOME WORK CELL _____ EMAIL _____

MARRIED SINGLE FAMILY SIZE _____ AGES OF CHILDREN _____

DOES CANDIDATE HAVE CLEAN DRIVING RECORD? YES NO DRIVER'S LICENSE # _____

IS CANDIDATE EMPLOYED? YES NO TYPE OF WORK _____

PLACE OF LAST EMPLOYMENT AND DATES (IF NOT CURRENTLY EMPLOYED) _____

APPROXIMATE ANNUAL TOTAL HOUSEHOLD INCOME _____

DOES CANDIDATE OWN A VEHICLE? YES NO YEAR/MAKE/MODEL _____

DOES CANDIDATE OR FAMILY MEMBER HAVE ANY DISABILITIES? YES NO PLEASE EXPLAIN



IS THE CANDIDATE AN ACTIVE DUTY MILITARY SERVICE MEMBER OR VETERAN? YES NO RANK _____

DATES SERVED _____ DEPLOYMENT LOCATIONS/DATES _____

• If selected as a finalist, candidate consents to a background check (REQUIRED). All information submitted will remain confidential.	YES	NO
• If selected as a recipient, is candidate willing to sign a media consent form to share story and allow use of name and images. (NOT REQUIRED TO BE SELECTED)	YES	NO

PLEASE PROVIDE AS MUCH INFORMATION AS CANDIDATE IS COMFORTABLE SHARING.

1. How has lack of transportation affected the candidate?
2. How has the candidate exemplified perseverance during these difficult times?
3. Why would the candidate benefit from receiving this vehicle gift?
4. How is the candidate currently getting around? List any challenges or issues the candidate experiences as a result of not having reliable transportation? (Please share stories)
5. How did you hear about this program?