



# CERTIFICATE OF GREAT SERVICE NOMINATION FORM

(PLEASE TYPE OR PRINT)

EMPLOYEE'S FIRST NAME \_\_\_\_\_ LAST \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ WEBSITE \_\_\_\_\_

STAFF PERSON PREPARING REPORT \_\_\_\_\_

STAFF PERSON'S PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

NOMINEE'S SUPERVISOR'S NAME \_\_\_\_\_

SUPERVISOR'S PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

IF NOMINATED EMPLOYEE IS SEASONAL LIST TERMINATION DATE \_\_\_\_\_

DATE NOMINATION SUBMITTED \_\_\_\_\_

**ATTACH A COPY OF CUSTOMER COMMENTS.**

Use space below for additional comments or information. Attach additional sheets as needed.

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**SEND TO:** Hospitality Program, South Dakota Department of Tourism  
711 E. Wells Ave., Pierre, SD 57501

CERTIFICATE WILL BE SENT TO EMPLOYEE'S SUPERVISOR UNLESS OTHERWISE REQUESTED.

