



**Quality Dealer of the Year Award
Colorado Independent Automobile Dealer Association
Official Nominating Form**

Please complete this nomination form in as much detail and with as much documentation as possible. Submit all the information requested.

Upon completion, return this form to the Executive Director of CIADA. Thank you for your support of this award.

Name of sponsor if any: _____
Full name of nominee: _____
Name of Dealership: _____
Title of Dealership: _____
Address of Dealership: _____
Business telephone #: _____ Home telephone #: _____
Dealer's home address: _____

BIOGRAPHICAL INFORMATION (Please enclose photograph – 3"x5" or larger, may be a family photograph)

Dealer's age: _____ Date & place of birth: _____
Educational history: _____

Family: Married: _____ Widowed: _____ Divorced: _____ Single: _____
Spouse's Name: _____
Children (name & ages): _____

AUTOMOTIVE CAREER

When, where, and how did you started in the automotive business: _____

Special facts of interest relating to your automotive career: _____

DEALERSHIP HISTORY (Please enclose photograph of lot – 3" x 5" or larger)

Your dealership founded: _____

History: _____

Are you currently active in your dealership? _____ Full Time _____ Part time _____
If more than one dealership is involved, please attach same information for all dealerships.

THE CANDIDATE AS A DEALER

Number of used cars sold last year: _____
Physical plant (include improvements): _____

Number of employees and record of service: _____

Nominee's business philosophy: _____

DEALER ORGANIZATION MEMBERSHIP

How long has nominee been a member of CIADA? _____

DEALER ASSOCIATION SERVICE (with dates, specific offices, committee assignments honors, etc.)

CIADA
Current: _____

Past (give dates): _____

THE CANDIDATE AS A GOOD CITIZEN

Civic and community organizations of which you are a member (list offices held or honors received and given dates):

Political service and activities (elective or appointive office held, committee work): _____

Religious activities: _____

Any other forms of service or contributions to benefit others: _____

NOTE TO QUALITY DEALER NOMINEE:

Be sure to attach:

- *Photograph of your facility (or facilities)
(3" x 5" or larger)
- *Photograph of you (may include family)
(3' x 5" or larger)
- *Employee and Customer Testimonials (if any)
- *Letters of Recommendation (if any)

Signature of Nominee

Date of submission

Return to CIADA for submission to Judges

CIADA

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