

**PIONEER RECOGNITION PROGRAM
NOMINATION**

(Instructions)

1. BE SPECIFIC (while observing classification rules). A description of the specific contributions of the nominee will make the nomination more competitive; maximize the amount of information for the Selection Board without exceeding the page limit.
2. Anonymous nominations will not be considered.
3. If you complete this form in a nonsecure classification area, all information must be UNCLASSIFIED.
4. Be sure to indicate at the top and bottom of this page the classification of your nomination.
5. You must adhere to the word limit indicated for each category -- your description of the nominee's contribution should not exceed one single-spaced typewritten page.
6. If you have questions about this form or the Pioneer Recognition Program, please contact the NRO Office of Policy's Center for the Study of National Reconnaissance at (703) 808-1209.
7. Use the address below for UNCLASSIFIED MAILING ONLY. You must submit any classified nominations via secure channels.

TO: DIRECTOR, NATIONAL RECONNAISSANCE OFFICE
ATTN: EXECUTIVE SECRETARY, PIONEER SELECTION BOARD
14675 LEE ROAD
CHANTILLY, VA 20151-1715

Classify Appropriately When Filled In

**PIONEER RECOGNITION PROGRAM
NOMINATION**

I. NOMINEE INFORMATION

1. NAME: _____
(Last) (First) (MI)
2. POSITION SERVED: _____ 3. PROGRAM: _____
4. NATIONAL RECONNAISSANCE CAREER (DATES): _____ TO _____
5. PERIOD OF MAJOR CONTRIBUTION: _____ TO _____ 6. LIVING DECEASED
7. IF LIVING, CURRENT EMPLOYER: _____
8. IF DECEASED, NEXT OF KIN: _____
(Last) (First) (MI)
9. STREET: _____ 10. CITY: _____ 11. STATE: _____ 12. ZIP: _____
13. WORK TELEPHONE: _____ 14. HOME TELEPHONE: _____
15. E-MAIL ADDRESS: _____

I. NOMINATOR INFORMATION

1. NOMINATOR'S NAME: (REQUIRED) _____
(Last) (First) (MI)
2. STREET: _____ 3. CITY: _____ 4. STATE: _____ 5. ZIP: _____
6. EMPLOYER: _____
7. WORK TELEPHONE: _____ 8. HOME TELEPHONE: _____
9. E-MAIL ADDRESS: _____

OPR: OP/CSNR

PAGE OF

