

Georgia IADA Quality Dealer of the Year Award Application

(Please print)

DATE: _____

NAME OF SPONSORING DEALER: _____

(the name of the dealer that recommended you. Optional)

NAME OF NOMINEE: _____

TITLE IN DEALERSHIP: _____

DEALERSHIP NAME: _____

DEALERSHIP ADDRESS: _____

BUSINESS TELEPHONE: _____ CELL: _____ EMAIL _____

DEALER'S HOME ADDRESS: _____

BIOGRAPHICAL INFORMATION: Please enclose photograph – 3"x5" or larger)

DEALER'S AGE: _____ DATE & PLACE OF BIRTH: _____ RING SIZE: _____

EDUCATION HISTORY: _____

FAMILY: MARRIED _____ WIDOWED _____ DIVORCED _____ SINGLE _____

SPOUSES NAME: _____ CHILDREN NAME AND AGES: _____

AUTOMOTIVE CAREER: When, where, and how you started in the car business: _____

Special facts of interest relating to your automotive career: _____

DEALERSHIP HISTORY: (please enclose a 3"x5" or larger photograph of your dealership)

YEAR STARTED BUSINESS: _____

TYPE OF BUSINESS: BHPH _____ TRADITIONAL RETAIL _____ (please check) ANNUAL SALES \$: _____

ANNUAL SALES VOLUME: _____ (unit sales) NUMBER OF EMPLOYEES: _____

MULTIPLE LOCATIONS? _____ Yes _____ No (please check) List all names of multiple locations _____

ARE YOU, THE DEALER, CURRENTLY ACTIVE IN YOUR DEALERSHIP? _____

IS THE DEALER CANDIDATE A GOOD DEALER? Reputation as an ethical dealer _____

Attached customer testimonials: _____ Yes _____ No NUMBER OF EMPLOYEES: _____

Attached employee testimonials: _____ Yes _____ No (check one)

HIGHLIGHTS OF NOMINEE'S BUSSINESS PHILOSOPHY: _____

DEALER GEORGIA LICENSE NUMBER: UCAR _____ GIADA MEMBER NUMBER: _____

HOW LONG HAS NOMINEE BEEN A GIADA MEMBER? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No ___ Yes ___ (explain) _____

GIADA ASSOCIATION SERVICE AND INVOLVEMENT: (please describe your involvement, if any, including dates, committee assignments, honors, etc. _____

CIVIC ORGANIZATION(S) INVOLVED WITH: _____

COMMUNITY INVOLVEMENT: _____

POLITICAL SERVICE AND ACTIVITIES: _____

EDUCATIONAL BACKGROUND & TRAINING: _____

ANY OTHER SERVICE OR CONTRIBUTIONS THAT BENEFIT OTHERS? _____

Signature of State Quality Dealer Candidate _____

Signature of State Executive Director _____

Date of submission _____

NOTE TO NOMINEE: Be sure to attach photographs of you, and your dealership, testimonials, and all letters of recommendations, and/or any other submissions or letters describing your business.