APPENDIX A

QASAR AWARD NOMINATION FORM

QASAR CATEGORY

- ❑ NASA Safety and Mission Assurance (SMA) organization employees
- ❑ NASA (outside SMA organization)
- ❑ Government (outside NASA)
- ❑ NASA prime or subcontractor

NOMINEE _____
(First, MI, Last)

ORGANIZATION _____
(NASA or contractor organization)

JUSTIFICATION
(Describe the specific events/actions that warrant the nomination)

_____

_____

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CITATION
(Summary of justification to be inscribed on Award)

_____

_____

_____

_____

SIGNATURE/DATE _____
(Center SMA Director or the Associate/Assistant Administrator at HQ)

CENTER OR HQ OFFICE _____