

## **AAIM'S DUI PIN AWARD FORM**

(Report must be signed by the officer's supervisor)

From:	Police/Patrol
N	Police/Patrol ame of Department
Address:_	
City, State	, Zip:
Telephone	:Fax:
	OFFICER'S INFORMATION (Please write the name(s) as you would have them appear on a certificate)
Name:	
Number o	f DUI 7 Uf YYf 'Arrests:
Úãj•ÁOTçæþæ	à∥^ÁÇÔ@& DKÁF€Á ′′ÁGÍ ′′′′Í€′′′′ÏÍ′′′F€€′′′G€€′′′′H€€°′′
Mail Pin A	ward To:
Name:	
Address:_	
City, State	, Zip:
Supervisor	rs Signature:

## **Submit Here**

Print and Mail or Fax to:
Alliance Against Intoxicated Motorists
870 East Higgins Rd., Suite 131 | Schaumburg, IL 60193 | Fax: 847-240-0028