# AAIM's DUI PIN AWARD FORM

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

From:_____Police/Patrol
Name 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 of DUI Career Arrests:** _____

Pins Avalable (Check): 10 ☐ 25 ☐ 50 ☐ 75 ☐ 100 ☐ 200 ☐ 300 ☐

**Mail Pin Award To:**

Name:_____

Address:_____

City, State, Zip:_____

Supervisors 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