COOPERATIVE RESEARCH PROGRAMS
PANEL NOMINATION FORM

Please submit a resume along with this form

Nomination for CRP Program (choose one): ❑ **ACRP** ❑ **NCHRP** ❑ **TCRP**

and Project Number: _____

NOMINEE: _____
First Middle Last

Employer: _____

Current Job Title: _____

Address: _____

_____

_____

Phone #: ( ) _____ Fax #: ( ) _____ Email: _____

Years at Current Position: _____ Years of Experience Relevant to this CRP Project: _____

Comments: _____

_____

_____

_____

Optional Information on Nominee

Please check one: Male ☐ Female ☐ Date of Birth: _____

Ethnicity (*please check one*):

_____ (A) American Indian or Alaskan Native; origin in any of the original peoples of North America.

_____ (B) Black; origin in any of the black racial groups.

_____ (H) Hispanic, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

_____ (P) Asian or Pacific Islander; origin in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. Includes China, Japan, Korea, the Philippine Islands, Samoa, and the Indian subcontinent.

_____ (W) White; origin in any of the original peoples of Europe, North Africa, or the Middle East.

Name of Nominator: _____

Address: _____

_____

_____

Please return to:

Brenda L. Douple
Cooperative Research Programs
Transportation Research Board
500 Fifth Street NW
Washington, D.C. 20001
or
FAX 202/334-2006