

# 2025 APTA Innovation Award Form

## Nominee/Nominator Information

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1. Please provide the following information about the public transportation system you are nominating: \*

Organization Name

Address

City

State

Zip  
Code

Country

2. Please provide the following information for the primary contact person for this award submission: \*

First Name

Last Name

Email Address

Title

Organization Name

Address

City

State

Zip  
Code

Business Phone (xxx-xxx-  
xxxx)

Cell Phone (xxx-xxx-  
xxxx)

## Criteria

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3. Enter the description of the innovative program or project. (500 words maximum)

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4. Enter a summary of the results received and the positive effect on the organization. (500 words maximum) \*

5. Enter a description of its applicability to other systems. (500 words maximum) \*

6. Enter a description of how the innovation supports industry goals. (500 words maximum) \*

### Supporting Documentation

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7. Please upload your agency's logo in a high resolution format.

Browse...

8. Upload **no more than 3** supporting documents here. (i.e., news articles, recommendations, etc.) Do not include videos or embedded links.

Browse...

9. By checking this box, you agree that the information submitted has been reviewed by the head of the transit system and is accurate and verifiable. \*

☐ I agree