

## Award Nomination Form

Date Submitted:		Name of Individual Submitting Nomination:		Rank or Title:	
Name of Nominee:			Rank or Title:		Supervisor's Name & Rank
Date of Performance:	Location:			Part of Nominated Group <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved for Local Award: <input type="checkbox"/> Yes <input type="checkbox"/> No		Reviewed by Local Committee <input type="checkbox"/> Yes <input type="checkbox"/> No		Approved by Local Committee <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Witness #1:					
Residence Address:			Residence Phone		Business Phone
Name of Business or Organization:					
Name of Witness #2:					
Residence Address:			Residence Phone		Business Phone
Name of Business or Organization:					
Name of Witness #3:					
Residence Address:			Residence Phone		Business Phone
Name of Business or Organization:					

Describe the individual's performance using the reverse side if more space is necessary.

\_\_\_\_\_  
Signature of Individual Submitting Nomination

\_\_\_\_\_  
Institutional Approval

\_\_\_\_\_  
Signature of Chairman of Local Screening Committee

\_\_\_\_\_  
Signature of Chairman of System Screening Committee

\_\_\_\_\_  
Signature of Chief of Police

\_\_\_\_\_  
Signature of Director of Police