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| 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  Yes  No | | | | |
| Approved for Local Award:  Yes  No | | Reviewed by Local Committee  Yes  No | | | | | | Approved by Local Committee  Yes  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.

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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