

Governor's Public Safety Officer Medal of Valor AWARD NOMINATION FORM



The Award Nomination Form is to be submitted in this formation from the agency head to the Medal of Valor Review Board, California Department of Justice, Attention: Medal of Valor Board Manager, 1300 I Street, Suite 1140 Sacramento, CA 95814. Nominations can be submitted annually through May 1, for incidents taking place within the preceding calendar year. **All nominations must be postmarked by May 1st.**

Nominating Agency: _____ Agency Head: _____
 Address: _____ Agency Head Signature: _____
 City: _____ Zip Code: _____ Nominator Name/Title: _____
 Agency Phone Number: _____ Nominator Phone Number: _____
 Nominator Email: _____

AGENCY CERTIFICATION

By signing above, the agency head certifies that, to the best of their knowledge, the person nominated below is in good standing with their employing agency and community.

Date of Incident: _____ Location of Incident: _____
 Nominee Name: _____ Nominee Supervisor: _____
 Rank/Classification: _____ Email Address: _____
 Agency Name: _____ Contact Phone Number: _____

Address: _____	STATUS AT TIME OF INCIDENT:	ON DUTY / OFF DUTY:
City: _____ Zip Code: _____	<input type="checkbox"/> Paid	<input type="checkbox"/> On Duty
Email Address: _____	<input type="checkbox"/> Reserve	<input type="checkbox"/> Off Duty
	<input type="checkbox"/> Volunteer	

PUBLIC SAFETY OFFICER CATEGORY:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Law Enforcement Officer | <input type="checkbox"/> Peace Officer | <input type="checkbox"/> Correctional Officer | <input type="checkbox"/> Court Officer |
| <input type="checkbox"/> Civil Defense Officer | <input type="checkbox"/> Firefighter | <input type="checkbox"/> Emergency Services Officer | <input type="checkbox"/> Ocean Lifeguard |
| <input type="checkbox"/> Emergency Medical Technician/Paramedic | | | |

NOMINATION CHECKLIST

Nominations may be accompanied by an agency background profile of the individual. The summary of the incident must be submitted. In addition, reports, memorandums, supplemental reports, newspaper articles, and/or media links that document the nomination may be attached. For ease of reference, a checklist is provided below.

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|--|---|---|---|
| <input type="checkbox"/> Summary of Incident | <input type="checkbox"/> Press Releases | <input type="checkbox"/> Electronic Copy | <input type="checkbox"/> Newspaper Articles |
| <input type="checkbox"/> Media Links | <input type="checkbox"/> Reports | <input type="checkbox"/> Class A or Uniformed Photo (.jpg or .png format) | |

Please outline how the nomination meets the required award criteria. Please attach additional pages/documents as necessary to support the nomination.

<p style="text-align: center;">Medal of Valor Review Board Contact</p> <p style="text-align: center;">California Department of Justice Medal of Valor Board 1300 I Street, Suite 1140 Sacramento, CA 95814 (916) 210-7424 MedalofValor@doj.ca.gov</p>	<p style="text-align: center;">DOJ USE ONLY</p> <p>Review Completed: _____</p> <hr/> <p>Received: _____ Postmarked: _____</p> <p style="text-align: center;"> <input type="checkbox"/> Qualified <input type="checkbox"/> Disqualified </p>
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