

<p align="center"><b>Commonwealth of Virginia PUBLIC SAFETY MEDAL OF VALOR REVIEW BOARD</b> 1005 Technology Park Drive Glen Allen, Virginia 23059 Phone: 804.249.1986</p>	<p align="center"><b><u>APPLICATION FOR:</u> PUBLIC SAFETY MEDAL OF VALOR <u>OR</u> MERITORIOUS SERVICE MEDAL</b></p>
<p align="center"><i>Use this application for recognition of service not to exceed four (4) calendar years from time of occurrence.</i> <b><u>NOMINATION MUST BE POSTMARKED BY DECEMBER 31, 2011</u></b></p>	
<p>NOMINEE'S NAME:</p>	<p>PUBLIC SAFETY AGENCY:</p>
<p>ADDRESS:</p>	<p>E-MAIL ADDRESS:  DAYLIGHT TELEPHONE NUMBER:  FAX NUMBER:</p>
<p align="center">_____ is hereby nominated for the _____ Commonwealth Public Safety Medal of Valor, or _____ Commonwealth Public Safety Meritorious Service Medal.</p>	
<p>Virginia public safety officers are defined in the Code of Virginia, Title 9.1, Chapter 8, Section 801, and in general include those serving Virginia public safety agencies, with or without compensation, as correction officers, emergency medical rescue officers, fire fighters and law enforcement officers.</p> <p>To be considered by the Medal of Valor Review Board, applications must be submitted to include: copy of the completed form, copy of the official report covering the action giving rise to this recommendation, copies of any statements by witnesses or individuals having knowledge of the actions of the candidate being recommended and any other supporting documentation. The application must bear the endorsement of the candidate's agency head indicating full support of the recommendation.</p> <p>The <b>Commonwealth Public Safety Medal of Valor</b> is awarded to an eligible Virginia public safety officer who has distinguished himself or herself, conspicuously and gallantry and intrepidity, in the face of grave danger at the risk of his or her life, above and beyond the call of duty while engaged in action to save or protect human life. The deed performed must be one of personal bravery or self-sacrifice and uncommon valor so as to clearly distinguish the officer above his or her comrades and must involve risk of life. Incontestable proof of performance of service must be documented. Each recommendation for the award of this medal will be considered on the standard of extraordinary merit.</p> <p>The <b>Commonwealth Public Safety Meritorious Service Award</b> is awarded to an eligible Virginia public safety officer who distinguishes himself or herself in an action, which involves extraordinary heroism, clearly and beyond the call of duty, in the protection of life and property. The act or acts of heroism must be so notable and involve risk of life to the officer so extraordinary and of such magnitude, as to have set the officer apart from his or her peers. Clear and convincing proof of the performance of service must be documented.</p>	
<p>SUBMITTING AGENCY/APPOINTING AUTHORITY:  ADDRESS:</p>	<p>E-MAIL ADDRESS:  DAYLIGHT TELEPHONE NUMBER:  FAX NUMBER:</p>
<p>NOMINATING OFFICIALS NAME:</p>	<p>OFFICIALS TITLE:</p>
<p><i>I certify this application and its attachments have been completed in accordance with the above directions and are accurate to the best of my knowledge. I hereby recommend the above named nominee to receive this indicated medal.</i> AGENCY HEAD'S APPROVAL LEGIBLE SIGNATURE: _____ DATE: _____</p>	

PROVIDE A SUMMARY OF THE ACT OR ACTS UPON WHICH THIS NOMINATION IS BEING MADE USE ADDITIONAL PAGES AS NECESSARY. INCLUDE PERTINENT FACTS SUCH AS DATE, TIME AND PLACE, BEARING IN MIND THE CRITERIA FOR THE MEDALS ON PAGE ONE. PLEASE ATTACH ANY PRESS ACCOUNTS OR OTHER PUBLIC RECORD OF THE OFFICERS ACTIONS. IF THIS NOMINATION IS ACCEPTED FOR INVESTIGATION BY THE BOARD, A BOARD MEMBER WILL BE RE-QUIRED TO REVIEW ALL AVAILALE OFFICIAL MEMORANDA, REPORTS OR OTHER DOCUMENTATION SUPPORTING THIS NOMINATION AS A PART OF THE BOARD'S INVESTIGATION.

**USE ADDITIONAL PAGES IF NECESSARY TO REFLECT THE TOTAL PICUTURE OF THE INCIDENT**

LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL INDIVIDUALS WHO WITNESSED THE ACTIONS OF OFFICER BEING NOMINATED. IDENTIFY THOSE WHICH ARE FELLOW OFFICERS.

NAME:	ADDRESS:	TELEPHONE:
NAME:	ADDRESS:	TELEPHONE:
NAME:	ADDRESS:	TELEPHONE:
NAME:	ADDRESS:	TELEPHONE: