

**COMMONWEALTH PUBLIC SAFETY
MEDAL OF VALOR REVIEW BOARD**

Post Office Box 1355
Richmond, Virginia 23218-1355
Fax 804-282-2127 Phone 804-282-0148

**APPLICATION FOR THE
PUBLIC SAFETY OFFICER
MEDAL OF VALOR OR
MERITORIOUS SERVICE MEDAL**

**Use this application for recognition of service during the period September 11, 2001 through June 30, 2007
NOMINATIONS MUST BE POSTMARKED OR FAXED BY SEPTEMBER 30, 2007**

NOMINEE'S NAME:

PUBLIC SAFETY AGENCY:

ADDRESS:

E-MAIL ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

_____ is hereby nominated for the _____ Commonwealth
Public Safety Officers Medal of Valor or _____ the Commonwealth Public Safety Officer Meritorious Service Medal.

The **Commonwealth Public Safety Medal** of Valor is awarded to an eligible Virginia public safety officer who has distinguished himself or herself, conspicuously by 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 an 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 the performance of service must be documented. Each recommendation for the award of this medal will be considered on the standard of extraordinary merit.

The **Commonwealth Public Safety Meritorious Service Medal** is awarded to an eligible Virginia public safety officer who distinguishes himself or herself in an action, which involves extraordinary heroism, clearly above and beyond the call of duty, in the protection of life or 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.

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 law enforcement officers, firefighters, emergency medical rescue officers and corrections officers.

To be considered by the Medal of Valor Review Board, applications must include a copy of this completed form, a 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.

SUBMITTING AGENCY/APPOINTING AUTHORITY:

E-MAIL ADDRESS:

ADDRESS

TELEPHONE NUMBER:

FAX NUMBER:

NOMINATING OFFICIAL'S NAME:

NOMINATING OFFICIAL'S TITLE:

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 THE INDICATED MEDAL.

AGENCY HEAD'S APPROVAL SIGNATURE

DATE

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 REQUIRED TO REVIEW ALL AVAILALE OFFICIAL MEMORANDA, REPORTS OR OTHER DOCUMENTATION SUPPORTING THIS NOMINATION AS A PART OF THE BOARD'S INVESTIGATION.

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