

**Public Safety Officer Medal of Valor
Application for Extraordinary Valor
Above and Beyond the Call of Duty**

** denotes required field.*

About the Nominee

Salutation/Title	First Name*	Middle Name	Last Name*	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number*		Sex*		
<input type="text"/> (xxx-xx-xxxx)		Male <input type="radio"/> Female <input type="radio"/>		

Nominee's Contact Information

Home Address Line 1*	
<input type="text"/>	
Home Address Line 2	
<input type="text"/>	
City*	State* ZIP Code*
<input type="text"/>	<input type="text"/> <input type="text"/>
E-mail Address*	Telephone Number (including area code)*
<input type="text"/>	<input type="text"/>
E-mail Address Confirmation*	Fax
<input type="text"/>	<input type="text"/>

About the Recommending Official

Salutation/Title*	First Name*	Middle Name	Last Name*	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Appointing Authority/Submitting Agency*				
<input type="text"/>				

Recommending Official's Contact Information

Agency Address Line 1*

Agency Address Line 2

City*

State*

ZIP Code*

E-mail Address*

Telephone Number (including area code)*

E-mail Address Confirmation*

Fax

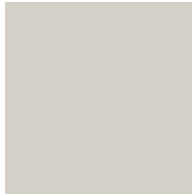
Date of Event *

(mm/dd/yyyy)

City/County/Township where event occurred *

State where event occurred*

Provide a brief summary of the act of valor for which the application is being offered. Please specify if the public safety officer is deceased. *



<https://www.nationalmedalo>

<https://www.nationalmedalofvalor.org/medalofvalorform.aspx>



OJP Form 1673/1 (REV. 5-03)
Approved OMB 1121-0259
Expires 12/05



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** denotes required field.*

The following required fields are empty or not valid:

- Nominee First Name
- Nominee Last Name
- Social Security Number
- Nominee Sex
- Nominee Home Address Line 1
- Nominee Home City
- Nominee Home State
- Nominee Home Zip Code
- Nominee Email Address
- Nominee Phone Number
- Nominee Email Address Confirmation

- Recommending Official's Title
- Recommending Official First Name
- Recommending Official Last Name
- Name of Appointing Authority/Submitting Agency
- Agency Address Line 1
- Agency City
- Agency State
- Agency Zip Code
- Agency Email Address
- Agency Phone
- Agency Email Confirmation
- Date of Event
- City where event occurred
- State where event occurred
- Summary of the act of valor

About the Nominee

Salutation/Title	First Name* *	Middle Name	Last Name* *	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number* *		Sex* *		
<input type="text"/> (xxx-xx-xxxx)		Male <input type="radio"/> Female <input type="radio"/>		

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<input type="text"/>	
Home Address Line 2	
<input type="text"/>	
City* *	State* * ZIP Code* *
<input type="text"/>	<input type="text"/> <input type="text"/>
E-mail Address* *	Telephone Number (including area code)* *
<input type="text"/>	<input type="text"/>
E-mail Address Confirmation* *	Fax
<input type="text"/>	<input type="text"/>

About the Recommending Official

Salutation/Title*	First Name* *	Middle Name	Last Name* *	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Recommending Official's Contact Information

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Agency Address Line 2

City* *

State* *

ZIP Code* *

E-mail Address* *

Telephone Number (including area code)* *

E-mail Address Confirmation* *

Fax

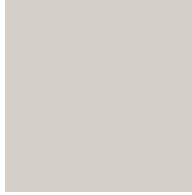
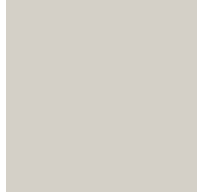
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