



Law Enforcement Congressional Badge of Bravery

Nominator (Recommending Official) Information ?

**Required Fields*

Occupational Title: * ?

Other Title(s): ?
(not required if Occupational Title is selected)

First Name: * ?

Middle Name:

Last Name: *

Suffix:

Name of Appointing Authority/Submitting Agency: * ?

Agency Address 1: *

Agency Address 2:

City: *

State: * ?

Zip Code: *

E-mail: *

Confirmation of E-mail: *

Telephone: * - Extension

Fax: -