

**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

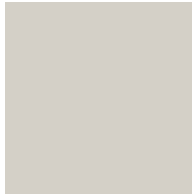
Date of Event *

(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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Middle Name

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Suffix

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Date of Event* *

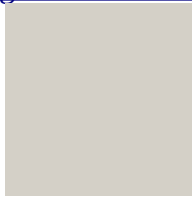
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<https://www.nationalmedalofvalor.org/medalofvalorform.aspx> - #



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