



# 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:   -