



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: -