

**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

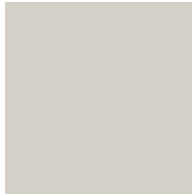
Date of Event *

(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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| <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* *

Home Address Line 2

City* *

State* *

ZIP Code* *

E-mail Address* *

Telephone Number (including area code)* *

E-mail Address Confirmation* *

Fax

About the Recommending Official

Salutation/Title* *

First Name* *

Middle Name

Last Name* *

Suffix

Name of Appointing Authority/Submitting Agency* *

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* *

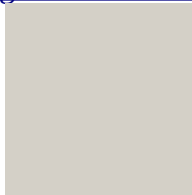
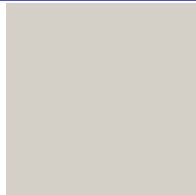
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<https://www.nationalmedalofvalor.org/medalofvalorform.aspx> - #



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