



**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

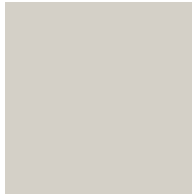
**Date of Event \***

(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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|------------------------------------|----------------------|---|----------------------|----------------------|
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| Social Security Number* *          |                      | Sex* *  |                      |                      |
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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

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Agency Address Line 2

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State\* \*

ZIP Code\* \*

E-mail Address\* \*

Telephone Number (including area code)\* \*

E-mail Address Confirmation\* \*

Fax

### Date of Event\* \*

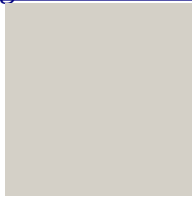
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<https://www.nationalmedalofvalor.org/medalofvalorform.aspx> - #



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