



# 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:  -