

Idaho Medal of Honor Commission c/o Office of the Attorney General P.O. Box 83720 Boise, ID 83720-0010 http://medalofhonor.idaho.gov

## PUBLIC SAFETY MEDAL OF HONOR APPLICATION FOR EXTRAORDINARY VALOR ABOVE AND BEYOND THE CALL OF DUTY

Nominee's Name:	Commission Date:	Sex:	Birth date:	
Nominee's Address:				
Nominee's Department:				
Nominee's Job Duties:				
The Public Safety Medal of Honor is awarded to a public safet his or her own personal safety, in the attempt to save or protec				
For the purpose of this award, a public safety officer is defined enforcement officer, or emergency medical services (EMS) pro accept posthumous nominations and may award a medal posth seeks a posthumous award and describe whether the public safe	ovider. Refer to the Rules as numously. Recommending of	nd Qualification fficials should r	as for applicable definitions. The Board will make clear to the Board that the application	
This nomination is made in the following category:				
<ul> <li>□ The nominee was killed while in the performance of duty, while displaying meritorious conduct.</li> <li>□ The nominee was seriously injured while in the performance of duty, while displaying meritorious conduct.</li> <li>□ The nominee displayed exceptionally meritorious conduct while in the performance of duty.</li> </ul>				
Make sure you describe the incident in detail and the specific nature of the duty being performed and attach it to the application.				
<ol> <li>To be considered, the application file must include:         <ol> <li>A copy of this completed form.</li> <li>An official report or documentation from an appoint</li> </ol> </li> <li>Statements by witnesses or individuals having perso supporting documentation.</li> <li>Newspaper articles.</li> <li>Letters of recommendation</li> <li>ONLY If selected, provide two (2) 8x10 photos of the postmarked no later than January 10:00 a.m. to review the nominees.*</li> </ol>	nal knowledge of the facts so	surrounding the		
Name of appointing authority/submitting agency (must be the same as nominee's agency):				
Recommending Official's Name:		Title:	Title:	
Address:		1		
Telephone Number (including area code):	E-mail address:			
I certify that the application file has been completed in accordance with the above directions and hereby recommend the above named individual to receive the Public Safety Medal of Honor. The "Recommending Official" must sign each application. The Recommending Official is the <u>current</u> Chief Executive or director of the <i>nominee's</i> agency. In many cases, the chief executive or director will be a police, fire or emergency medical services chief, director or superintendent. In other cases, the recommending official may be a sheriff, mayor, state agency director or governor. Please adhere to the particular requirements of your jurisdiction. The Board cannot accept applications submitted by individuals who are not the <u>current</u> Chief Executive or Director of the appointing or submitting agency. The signature must be an original.				
Recommending Official's signature:  Date:				
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Provide a <i>brief</i> summary of the incident in a format that the citation should read. (For examples, please see the Medal of Honor website at: http://medalofhonor.idaho.gov).
List the names, addresses and telephone numbers of individuals who witnessed the act of valor.
Please remember, it is important that you attach a full and complete description of the incident, newspaper articles, photographs, and witness statements along with a sample citation to assist the commission in their selection criteria. Your nomination must meet the highest requirement of the Medal of Honor, for outstanding gallantry, remarkable heroic courage and exceptionally meritorious conduct at the risk of life above and beyond the call of duty.
*THE NOMINATING ACENCY IS DECLIESTED TO HAVE A DEPDESENTATIVE AVAILABLE IN DEDSON OF VIA

\*THE NOMINATING AGENCY IS REQUESTED TO HAVE A REPRESENTATIVE AVAILABLE IN PERSON OR VIA CONFERENCE CALL WHEN THE COMMISSION MEETS ON <u>FEBRUARY 16, 2017 AT 10:00 A.M.</u> TO REVIEW THE NOMINEES. Name of Representative: \_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_