

STATE OF MISSOURI, MO DPS
 MEDAL OF VALOR REVIEW BOARD
 P.O. BOX 749
 JEFFERSON CITY, MO 65102

**PUBLIC SAFETY OFFICER
 MEDAL OF VALOR APPLICATION
 FOR EXTRAORDINARY VALOR ABOVE AND
 BEYOND THE CALL OF DUTY**

*This application should be used only for recognition of acts of valor accomplished during the period of Jan. 1, 2016 through Dec.31, 2016
 Please type or print clearly. Please complete all sections.*

NOMINEE'S NAME

NOMINEE'S ADDRESS:

NOMINEE'S E-MAIL ADDRESS:

NOMINEE'S TELEPHONE NUMBER (including area code):

The Public Safety Officer Medal of Valor is awarded to a public safety officer who has exhibited exceptional courage, extraordinary decisiveness and presence of mind, and unusual swiftness of action, regardless of his or her own personal safety, in the attempt to save or protect human life. This act is deemed to be above and beyond the call of duty.

For the purpose of this award, a public safety officer is defined as a person serving a public agency, with or without compensation, as a firefighter, law enforcement officer, or emergency personnel. The term "law enforcement officer" includes a person who is a state or local corrections or court officer or a civil defense officer.

For a candidate to be eligible to receive the Missouri Public Safety Officer Medal of Valor, the completed application file must be sent to the Dept. of Public Safety, P.O. Box 749, Jefferson City, MO 65102 no later than March 30, 2017.

Nominations must be signed by the Chief Executive or Director of the nominee.

To be considered, the application file must include:

1. A copy of this completed form.
2. An official report or documentation from the nominee's agency. Please note that the State law prohibits the Missouri Medal of Valor Review Board from disclosing any information submitted with an application which may compromise an ongoing law enforcement investigation or is otherwise required by law to be kept confidential.
3. Statements by witnesses or individuals having personal knowledge of the facts surrounding the candidate's act of valor and/or other supporting documentation.

NAME OF NOMINEE'S AGENCY:

NOMINATING OFFICIAL'S NAME:

NOMINATING OFFICIAL'S AGENCY IF DIFFERENT THAN NOMINEE

NOMINATING OFFICIAL'S TITLE:

ADDRESS:

TELEPHONE NUMBER (including area code):

E-MAIL ADDRESS:

As Chief Executive or Director of Nominee's Agency, 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 Officer Medal of Valor.

RECOMMENDING SIGNATURE:

DATE:

PROVIDE A BRIEF SUMMARY OF THE ACT OF VALOR FOR WHICH THE APPLICATION IS BEING OFFERED, INCLUDING DATE, TIME AND LOCATION OF THE ACT:

LIST THE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF INDIVIDUALS WHO WITNESSED THE ACT OF VALOR:

Please check to be certain that all required information is enclosed.