

<p style="text-align: center;">MISSOURI DEPARTMENT OF PUBLIC SAFETY PUBLIC SAFETY AWARDS P.O. BOX 749 JEFFERSON CITY, MO 65102</p>	<p style="text-align: center;">MISSOURI PUBLIC SAFETY AWARDS GOVERNOR'S MEDAL NOMINATION</p>
<p>This form is to be used only for nominations for the Governor's Medal, which is awarded to a group of public safety officers (an organized team that works and trains together, such as a unit, squad, company, task force, etc., or an ad hoc group of responders who work together during a single event) in recognition of acts above and beyond the call of normal duty during a critical incident or life-threatening situation in which the collective performance or teamwork of the group was essential to the successful resolution of the incident. Up to eight persons may be nominated; each person's essential role in the resolution of the incident must be described in this nomination form. For any team with more than eight members to be nominated, please include a letter to the DPS director explaining the reasons and exception should be granted.</p> <p>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 or emergency management personnel. The term "law enforcement officer" includes a person who is a state or local corrections or court officer.</p> <p>For a candidate to be eligible to receive the Governor's Medal, the completed nomination form must be sent to the Mo. Dept. of Public Safety, P.O. Box 749, Jefferson City, MO 65102 no later than March 31, 2019. Type or print clearly. Complete all sections. Nominations must be signed by the Chief Executive or Director of the nominating public safety agency.</p> <p>To be considered, the nomination must include:</p> <ol style="list-style-type: none"> 1. A copy of this completed form. 2. An official report or documentation from the nominee's agency. Please note that these materials may be subject to disclosure; therefore, please make all redactions necessary to maintain the confidentiality of information that may compromise an ongoing law enforcement investigation or that is otherwise required by law to be kept confidential. 3. Statements by witnesses or individuals having personal knowledge of the facts surrounding the candidates' acts above and beyond the call of normal duty and/or other supporting documentation. <p><i>*A person nominated for the Governor's Medal is not eligible for nomination in the same year for the Director's Leadership Medal, Hall of Fame Award or Public Safety Civilian Partnership Award. A person nominated for the Governor's Medal may also be nominated for the Medal of Valor OR the Public Safety Medal of Merit, but not both.</i></p>	
<p>NAME OF UNIT, SQUAD, ETC., BEING NOMINATED:</p>	<p>PUBLIC SAFETY AGENCY OR AGENCIES REPRESENTED IN UNIT (CONTINUE ON SEPARATE PAGE IF NECESSARY):</p>
<p>NOMINATING OFFICIAL'S NAME AND TITLE:</p>	<p>NOMINATOR'S AGENCY:</p>
<p>ADDRESS:</p>	<p>NOMINATOR'S PHONE (INCLUDE AREA CODE):</p>
	<p>NOMINATOR'S EMAIL:</p>
<p>As Chief Executive of the nominating agency or the elected or appointed leader of a municipal or county government, I certify that the nomination file has been completed in accordance with the above directions and hereby recommend the above named individual to receive the Director's Leadership Medal.</p>	
<p>RECOMMENDING SIGNATURE:</p>	<p>DATE:</p>

PROVIDE A BRIEF SUMMARY OF THE ACTIONS PERFORMED BY THE TEAM OF PUBLIC SAFETY OFFICERS BEYOND THE CALL OF NORMAL DUTY DURING A CRITICAL INCIDENT OR LIFE-THREATENING SITUATION IN WHICH THE COLLECTIVE PERFORMANCE OR TEAMWORK OF THE GROUP WAS ESSENTIAL TO THE RESOLUTION OF THE INCIDENT (USE ADDITIONAL PAGES IF NECESSARY). UP TO EIGHT PERSONS MAY BE NOMINATED; EACH PERSON'S ESSENTIAL ROLE IN THE RESOLUTION OF THE INCIDENT MUST BE INCLUDED IN THE DESCRIPTION.

EXPLAIN THE ORGANIZATION OF THE UNIT, ITS HISTORY AND TRAINING PRACTICES AND HOW THESE AND OTHER FACTORS WERE CRITICAL TO THE UNIT'S SUCCESSFUL ACTIONS DURING THE CRITICAL INCIDENT, IF APPLICABLE.

LIST THE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF INDIVIDUALS WHO WITNESSED THE UNIT'S ACTIONS DURING THE CRITICAL INCIDENT OR EVENT:

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