

<p style="text-align: center;"><b>MISSOURI DEPARTMENT OF PUBLIC SAFETY PUBLIC SAFETY AWARDS P.O. BOX 749 JEFFERSON CITY, MO 65102</b></p>	<p style="text-align: center;"><b>MISSOURI PUBLIC SAFETY AWARDS PUBLIC SAFETY MEDAL OF MERIT NOMINATION</b></p>
<p>This form should be used only for nominations for the Public Safety Medal of Merit, presented to a public safety officer in recognition of an individual's brave actions above and beyond the call of normal duty that play a critical role in successfully resolving a situation that endangers public safety. Type or print clearly. Complete all sections.</p>	
<p>NOMINEE'S NAME AND TITLE OR RANK:</p>	<p>NOMINEE'S AGENCY NAME:</p>
<p>NOMINEE'S ADDRESS:</p>	<p>NOMINEE'S PHONE (INCLUDE AREA CODE):</p>
	<p>NOMINEE'S EMAIL:</p>
<p>The Public Safety Medal of Merit is awarded to public safety officers in recognition of an individual's brave actions above and beyond the call of normal duty that played a critical role in successfully resolving a situation that endangered public safety.</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 Public Safety Medal of Merit, 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 May 26, 2017. Nominations must be signed by the Chief Executive or Director of the nominee's agency.</p> <p>To be considered, the nomination must include:</p> <ol style="list-style-type: none"> <li>1. A copy of this completed form.</li> <li>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.</li> <li>3. Statements by witnesses or individuals having personal knowledge of the facts surrounding a candidate's act of valor and/or other supporting documentation.</li> </ol> <p><i>*A person nominated for the Public Safety Medal of Merit is not eligible for nomination in the same year for the Medal of Valor, Hall of Fame Award, Director's Leadership Medal or Public Safety Civilian Partnership Award. A person nominated for the Public Safety Medal of Merit may also be nominated for the Governor's Medal, if applicable.</i></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 nominee's agency, 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 Public Safety Medal of Merit.</p>	
<p>RECOMMENDING SIGNATURE:</p>	<p>DATE:</p>

PROVIDE A BRIEF SUMMARY OF THE BRAVE ACT FOR WHICH THE NOMINATION IS BEING OFFERED, INCLUDING DATE, TIME AND LOCATION OF THE ACT (ATTACH ADDITIONAL PAGES IF NECESSARY).

LIST THE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF INDIVIDUALS WHO WITNESSED THE BRAVE ACTIONS ABOVE AND BEYOND THE CALL OF NORMAL DUTY.

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