

MISSOURI DEPARTMENT OF PUBLIC SAFETY MEDAL OF VALOR REVIEW BOARD P.O. BOX 749 JEFFERSON CITY, MO 65102		MISSOURI MEDAL OF VALOR NOMINATION This nomination form is to be used only for recognition of acts of valor accomplished during the period of January 1, 2024 through December 31, 2024.	
Please type or print clearly. Please complete all sections.			
NOMINEE'S NAME AND TITLE OR RANK:		NOMINEE'S AGENCY NAME:	
NOMINEE'S HOME ADDRESS:		NOMINEE'S PHONE (INCLUDING AREA CODE): HOME/CELL: WORK:	
		NOMINEE'S EMAIL:	
NOMINATING OFFICIAL'S NAME AND TITLE:		NOMINATOR'S AGENCY:	
ADDRESS:		TELEPHONE (INCLUDING AREA CODE):	
		NOMINATOR'S EMAIL ADDRESS:	
<p>The Missouri 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 significantly above and beyond the call of duty.</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 personnel 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 Missouri Public Safety Officer Medal of Valor, the completed nomination form must be sent to the Missouri Department of Public Safety, P.O. Box 749, Jefferson City, MO 65102 no later than February 28, 2025. 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">1. A copy of this completed form.2. An official report or documentation, from the nominee's agency. Please note that state law prohibits the Missouri Medal of Valor Review Board from disclosing any information submitted with a nomination which may compromise an ongoing law enforcement investigation or is otherwise required by law to be kept confidential3. Statements by witnesses or individuals having personal knowledge of the facts surrounding a candidate's act of valor and/or other supporting documentation. <p><i>* A person nominated for the Medal of Valor may also be nominated for the Governor's Medal, if applicable.</i></p> <p>As Chief Executive or Director 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 Valor.</p>			
RECOMMENDING SIGNATURE:		DATE:	

PROVIDE A BRIEF SUMMARY OF THE ACT OF VALOR 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 ACT OF VALOR:

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