



## 2019 Valor Awards Application

Brothers & Sisters, please use this PFANJ Valor Awards Application to recommend a member, members or unit within your Local for recognition for service above and beyond the call of duty. Submissions may seek recognition for service in the line of duty, exemplary service to the community or exceptional service to organized labor within the local and beyond for the calendar year January 1<sup>st</sup> to December 31<sup>st</sup>, 2019

All submissions will be given equal consideration by the Committee

This application is being submitted for consideration in one of the following categories. (Decision of Valor Award Selection Committee final)

Name and Rank of Nominee: \_\_\_\_\_

Unit/Company & Tour: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

IAFF Local Number: \_\_\_\_\_

IAFF Local Name: \_\_\_\_\_

Local President's Name: \_\_\_\_\_

President's Telephone: \_\_\_\_\_

President's Email: \_\_\_\_\_

President's Address: \_\_\_\_\_

Municipality: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Incident Date: \_\_\_\_\_

Incident's Time of Day: \_\_\_\_\_

Brief Incident Nomination Narrative:  
(Please include all relative information to support the nomination)

If applicable:

Area victim was removed from (Location): \_\_\_\_\_

Means of which victim was extricated by: \_\_\_\_\_

Was victim treated on scene by EMS? \_\_\_\_\_ Transported for medical care? \_\_\_\_\_

Was SCBA worn by rescuer? \_\_\_\_\_ Was a charged line in use? \_\_\_\_\_

Did member(s) performing rescue receive emergency treatment? \_\_\_\_\_

If Yes, Explain:

\*\*Describe event and/or members actions in detail: (Detailed Incident Nomination Narrative last page)\*\*

For team, group, or unit recognition please list **all** additional personnel:

(Note: Total of nominees may be limited by Selection Committee)\*\*

Name: \_\_\_\_\_ Unit/Company: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name: \_\_\_\_\_ Unit/Company: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name: \_\_\_\_\_ Unit/Company: \_\_\_\_\_

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Name: \_\_\_\_\_ Unit/Company: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

\*\*If available, attach any departmental reports, diagrams or additional supporting information

Application submitted by (Note: Nominee may not submit application):

Address:

Cell phone:

Email:

Date:

Save Document, submit to PFANJ@aol.com. Scan and attach additional documentation. Hard copies may be printed out and mailed to: Professional Firefighters Association of New Jersey c/o Dominick Marino

24 West Lafayette Street, Trenton, NJ 08608

Please mark envelope as "Valor Application"

For questions or information contact: **609.396.9766**

**Completed Application must be received by January 11<sup>th</sup>, 2020**

Detailed Incident Nomination Narrative: