

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 June 1, 2002 through May 31, 2003. Please type or print clearly. Please complete all sections.

APPLICANT'S NAME	SOCIAL SECURITY NUMBE	R:	SEX:	
APPLICANT'S ADDRESS:				
APPLICANT'S E-MAIL ADDRESS:				
APPLICANT'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 services officer. The term "law enforcement officer" includes a person who is a corrections or court officer or a civil defense officer.				
For a candidate to be eligible to receive the Public Safety Officer Medal of Valor, the completed application file must be sent to the National Medal of Valor Office, Office of Justice Programs, U.S. Department of Justice, 810 7th Street, NW, Washington, DC 20531. Nominations must be signed by the Chief Executive or Director of the appointing authority/submitting agency.				
To be considered, the application file must include: 1. A copy of this completed form. 2. An official report or documentation from an appointing authority or submitting agency. Please note that the Federal law prohibits the Public				
Safety Officer 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 APPOINTING AUTHORITY/SUBMITTING AGENCY:				
RECOMMENDING OFFICIAL'S NAME:				
RECOMMENDING OFFICIAL'S TITLE:				
ADDRESS:				
TELEPHONE NUMBER (including area code):				
E-MAIL ADDRESS:				
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:		

OJP FORM 1673/1 (REV. 5-03) (continued on the reverse)

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.			
Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless			
it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete and file this application is 60 minutes per application. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the U.S. Department of Justice, Office of Justice Programs, 810 7 th Street, N.W., Washington, DC 20531.			