Massachusetts Firefighter Service Award

Nomination Form

(Please print or type)

Name of Fire Department _____

Head of Fire Department _____

Name of Nominee _____

Rank ***First Name*** ***Middle Initial*** ***Last Name***

Nominated for: (check one)

☐ **Massachusetts Call Firefighter Service Award**

☐ **Massachusetts Career Firefighter Service Award**

☐ **Massachusetts Volunteer Firefighter Service Award**

Total Years of Service _____ **years**

I, _____ **as head of the** _____ **Fire Department hereby certify that the above named individual is a member in good standing and is qualified by virtue of length of service as provided for in the Massachusetts Firefighter Service Award Criteria.**

_____ _____

Date ***Signature***

- *Please reproduce this blank form and use one form for each nominee.*
- *Please send completed form to:* ***Shannon Clegg, Department of Fire Services, Western Massachusetts Office, One Prince Street, Northampton, MA 01060-038 or Fax to (413) 587-9819***