



FIREFIGHTER OF THE YEAR NOMINATION FORM

Please return by July 15, 2026

Department _____ Chief _____

Chief email _____

Nominee(s) (Please include title, full name, email, and phone for each nominee)

Category

Select one: Emergency response

Norman Knight Award for Excellence in Community Service

Select one: Individual Award

Group Award

Incident

Date _____ Time _____

Description (Please include the following: conditions of circumstances, weather, extent of personal risk, victim risk, assistance. Additional space on page 2.)

Chief of Department signature* _____

* You will be asked to appear before the Heroic Awards Committee to further support your nomination.
You will be notified about the date and time by our Event Coordinator.



Department of Fire Services
Commonwealth of Massachusetts

Description Continued (Additional space for: conditions of circumstances, weather, extent of personal risk, victim risk, assistance.)