

# 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

All nominees must have 20 or more years of service in Massachusetts or out-of-state (given in five-year increments)

Requested date to be placed on Award \_\_\_\_\_

I, \_\_\_\_\_ as head of the \_\_\_\_\_

Fire Department, hereby attest under the pains and penalty of perjury, that the above named individual is a member in good standing, is qualified by virtue of length of service, and has not been convicted of any felony crimes, 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:

*Justine Potter, Department of Fire Services, PO Box 1025, State Road, Stow, MA 01775*

*By email at [Justine.Potter@mass.gov](mailto:Justine.Potter@mass.gov) or Fax to (978) 567-3121*