

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 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:

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

By email at Justine.Potter@mass.gov or Fax to (978) 567-3121