

# 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)

Date requested 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 Lambert, Department of Fire Services, PO Box 1025, State Road, Stow, MA 01775  
or Fax to (978) 567-3121*