



**NEW JERSEY STATE ASSOCIATION OF
CHIEFS OF POLICE**

**VALOR AWARDS
PROGRAM**

POLICE MEDAL OF VALOR NOMINATION FORM

PLEASE ENSURE THAT ALL SECTIONS ARE COMPLETED AND THAT THIS FORM IS ATTACHED TO THE SUPPORTING DOCUMENTS AND MATERIALS. PLEASE SUBMIT BY JANUARY 31ST.

Section 1 – Nominee Information

Name:

Occupation:

Address:

City, State, Zip:

Telephone / Fax:

Date(s) of Exceptional Act(s):

Section 2 – Nominator Information

Name:

Rank:

Agency:

Telephone / Fax:

Date of Nomination:

Signature:

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