PFANJ Valor Awards Application

Brothers & Sisters, please use this PFANJ Valor Awards Application to recommend a member, members or unit within your Local for recognition for service above and beyond the call of duty. Submissions may seek recognition for service in the line of duty, exemplary service to the community or exceptional service to organized labor within the local and beyond for the calendar year January 1st to December 31st.

All submissions will be given equal consideration by the Committee

This application is being submitted for consideration in one of the following categories. (Decision of Valor Award Selection Committee final)

Name and Rank of Nominee: _____

Unit/Company & Tour:_____

Telephone Number: _____

IAFF Local Number: _____

IAFF Local Name: _____

Local President's Name: _____

President's Telephone: _____

President's Email: _____

Municipality: _____

Incident Location: _____

Incident Date: _____ Incident's Time of Day:_____

Incident Narrative: (Please attach all relative information to support the nomination)
Area victim was removed from (Location):_____

Means of which victim was extricated by:_____

Was victim treated on scene by EMS?_____ Transported for medical care?_____

Was SCBA worn by rescuer?_____ Was a charged line in use?_____

Did member(s) performing rescue receive emergency treatment?_____

For team, group, or unit recognition please list **all** additional personnel:
(Note: Total of nominees may be limited by Selection Committee)**

Name:_____ Unit/Company:_____

Email:_____

Home Address:_____

Name:_____ Unit/Company:_____

Email:_____

Home Address:_____

Name:_____ Unit/Company:_____

Email:_____

Home Address:_____

Name:_____ Unit/Company:_____

Email:_____

Home Address:_____

Name:_____ Unit/Company:_____

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Home Address:_____

Name:_____ Unit/Company:_____

Email:_____

Home Address:_____

Name:_____ Unit/Company:_____

Email:_____

Home Address:_____

Name:_____ Unit/Company:_____

Email:_____

Home Address:_____

**If available, attach any departmental reports, diagrams or additional supporting information

Application submitted by (Note: Nominee may not submit application):

Submit to valor@newjerseyfirefighters.org., please attach a separate copy of full narratives. Hard copies may be printed out and mailed to: Professional Firefighters Association of New Jersey
24 West Lafayette Street, Trenton, NJ 08608
Please mark envelope as "Valor Application"
For questions or information contact: **609.396.9766**
PLEASE SUBMIT ALL APPLICATIONS UPON COMPLETION