

ALBERTA EMERGENCY SERVICE MEDAL

Nomination Form

A. Recipient					
Surname:			Given Names:		
			Gender:		Rank:
Home Address:			Discipline (please check one): Fire___ EMS___ FCO___ Search&Rescue___		
Your MLA Representative (if known):			Dispatch (fire)___ Dispatch (ems)___ EMA/Disaster Services personnel ___ Sus.Resources___		
Service: From		To		Department	Position
Month:	Year:	Month:	Year:		

B. Administrator Endorsement				
Surname:		Initials:		Municipality Address
Municipality				
Position				
Telephone #				
I certify that the person named at part "A" has served the organization(s) listed for the period(s) of time stated and in every way is deserving of the Alberta Emergency Service Medal.				
Signature _____		Date _____		

Please attach a letter of confirmation from each Municipality listed under Department in Section "A"

C. Awards Committee – Approval					
Surname:		Initials:		Recommendation:	
Position:					
Phone:					
Address:			Date:		Signature:

D. Comments

Please return this form to: Alberta Emergency Management Agency
14515-122 Ave
Edmonton, AB T5L 2W4
Fax: (780) 422-9000
Phone: (780) 422-1549

PART A

The name of the recipient will be inscribed on the certificate. Please ensure the correct spelling of the name. The years of service must be indicated in full (month/year). The remaining information in Part A is necessary to eliminate risk of duplication.

PART B

The nominating Authority may be the Fire Chief, EMS Director, Mayor or Administrator. Self-nominations will not be accepted. If the recipient has served more than one municipality within Alberta, a letter from each municipality must be attached confirming the period of service claimed with each department. Service outside of Alberta is not eligible for this award.

PART C

To be completed and signed by the Chairperson of the Awards Committee or by an Awards Committee Member authorized by the committee to sign.

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