

# Template for Law Enforcement Congressional Badge of Bravery Application

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**Note:** \* Indicates required information

## **Nominator Information:**

- Occupational Title:\*
- Name: \*
- Name of Appointing Authority/Submitting Agency: \*
- Address: \*
- Email: \*
- Telephone Number: \*
- Fax Number:

## **Nominee Information:**

- Occupational Title: \*
- Grade Rank:
- Name: \*
- Home Address: \*
- Home State: \*
- Gender: \*
- Employing Agency Name on the date of the act of bravery: \*
- Field Office Address on the date of the act of bravery: \*
- Field Office State: \*
- Years of Service at the time of the event: \*
- Email:
- Telephone Number: \*
- Fax Number:
- Group Nomination: (Yes/No) \*

## **Event Information:**

- Event Start Date: \*
- Event End Date: \*
- City, County, or Township: \*
- State: \*
- Summary of Act of Bravery (7500 character limit): \*

## **Witness Information:**

- Title:
- Name:
- Address:
- Phone:
- Fax:

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Supporting Documents (Uploaded):