

Template for Law Enforcement Congressional Badge of Bravery Application

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 (7900 character limit): *

Witness Information:

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

Supporting Documents (Uploaded):