## Congressional Badge of Bravery Application Required Information

	Nomina	ator (Recommending Official) Information
	0	First and last name
	0	Occupational title
	0	Name of appointing authority/submitting agency
	0	Agency address, to include street, city, state, and zip code
	0	Email address
	0	Telephone number (including area code)
	Nominee Information	
	0	First and last name
	0	Occupational title and grade or rank
	0	Gender
	0	Home mailing address to include street, city, state, and zip code
	0	Email address
	0	Telephone number (including area code)
	0	Name of the agency on which nominee served when act of bravery occurred
	0	Field office address on the date when act of bravery occurred
	0	Number of years/months of service as of the date when act of bravery occurred
	Event 1	Information
	0	Date(s) of Event
	0	City, County, township where event occurred
	0	State where event occurred
	0	Summary of act of bravery – should be no more than two (2) pages detailing the
		circumstances under which the nominee performed the act of bravery and
		describing how the circumstances meet the Congressional Badge of Bravery

criteria