



Baltimore County Volunteer Firemen's Association

APPLICATION FOR AWARD

Name of Award:

Member Company Submitting Nominee:

Nominee Name:

Nominee Home Address:

Street:

City, State Zip Code:

Date Nominee Joined Company / Department:

List any Company / Department Offices held and/or Committees Chaired in Member Company:

List Offices held and/or Committees Chaired in B.C.V.F.A:

List Offices held and/or Committees Chaired in M.S.F.A:

List Training Courses Completed:

Other major accomplishments completed by the Nominee:

General Remarks:

**ALL APPLICATIONS MUST BE SIGNED BY BOTH THE PRESIDENT AND SENIOR
SUPPRESSION OFFICER OF THE SUBMITTING COMPANY / DEPARTMENT**

Company President:

Senior Suppression Officer:

Please complete this part of the application only if the Nominee is deceased.

Name of Next of Kin:

Relation to Nominee:

Address of Next of Kin:

Street:

City, State Zip Code:

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