

New Jersey State Policemen's Benevolent Association, Inc.

VALOR AWARDS PROGRAM

All nominations must be submitted to: Valor Awards Committee
NJ State PBA, Inc.
158 Main Street
Woodbridge, NJ 07095

TO: Chairman, Valor Awards Committee

DELEGATE'S NAME (please print): _____

LOCAL NAME & NUMBER: _____

DATE OF INCIDENT: _____

NOMINEE'S NAME (one name per page, please): _____

- RECOMMENDED FOR:
- () Valor Award
 - () Meritorious Service
 - () Certificate of Merit
 - () Juvenile Award
 - () Unit Citation
 - () Lifesaving Award
 - () Civilian Award

SYNOPSIS OF VALOROUS ACT (State just **WHAT** was done by your nominee to justify the Award you recommend and, as briefly as possible, give the necessary details of **WHEN, WHERE,** and **HOW** the act or service was accomplished.)

Delegate's Signature

Date this form submitted

ATTACH COPY OF OFFICIAL POLICE REPORT(S) AND ANY PRESS RELEASE(S) OR OFFICIAL LOCAL COMMENDATION(S) AS A RESULT OF THIS PARTICULAR INCIDENT.