

MABAS-ILLINOIS

Awards and Decorations Program

Submission of Candidates Form

CANDIDATE'S INFORMATION

Full Name: _____ Email: _____
Last First M.I. Phone: _____
 Rank: _____ Agency: _____ Division: _____

NOMINATING POINT OF CONTACT

Full Name: _____ Email: _____
Last First M.I. Phone: _____
 Rank: _____ Agency: _____ Division: _____ Title/Position: _____

AWARD AND DECORATION NOMINATION

Please select one.

- | | | | |
|----------------------------|--------------------------|---------------------|--------------------------|
| Humanitarian Service Award | <input type="checkbox"/> | Commendation Award | <input type="checkbox"/> |
| Meritorious Service Award | <input type="checkbox"/> | Qualification Badge | <input type="checkbox"/> |
| Achievement Award | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Candidates Special Operations Team Affiliation YES NO

Type Special Operations Team: _____

Response Ready CIMS Roster YES NO N/A

Division Affiliation: _____

Individual Submission YES NO Batch Submission YES NO

NARRATIVE OF FACTS SUPPORTING AWARD NOMINATION

Additional pages as necessary.

(Page __ of __)

