

APPLICATION TO THE BOARD OF MERIT AWARDS
CONNECTICUT STATE FIREMEN'S ASSOCIATION

Department _____ Telephone _____
Chief _____ Date _____
Applicants Name _____ Telephone _____
Nominees Name _____ Address _____
Nominees Rank _____ Assignment _____
Time of incident _____ Weather _____
Describe incident _____

Was the nominee wearing protective gear? If so what was used?

Did the nominee have available the proper fire service tools or equipment, and if so, what was used?

Was the nominee injured during the incident, if so, describe all injuries.

Names, addresses, and phone numbers of any witnesses of the incident (Limit of 3 witnesses).

Recommendation of the Department Chief.

Include the names of any police officer or civilians who may have been involved (addresses, phone).

Applications must be submitted no later than June 1 of each year. Please, include any pictures, news articles, or reports that may be of assistance to the Merit Awards Board.

Send this application (4 copies) and any reports or pictures (4 copies) to:

Conn. State Firefighters Assn.
P.O. Box 9
Mansfield Center, Conn. 06250