

# "Indigenous Fire Service Award" Medal



**Eligibility:** You need to use this form to nominate a indigenous fire services member who has served at least 10 years for a recognized fire service or medical first responder.

Use the *"Indigenous Fire Service Award" and Bars Application* form to nominate a fire service member for a fire service medal.

Antique copper plating  
10-25 Year Medal

Shiny nickle plating  
30-45 Year Medal

Shiny gold plating  
50 Plus Year Medal



**How to apply:** Fill in the application form and ensure all boxes are completed. Send your completed application to. **Email to:** [ifsam@cvfisa.ca](mailto:ifsam@cvfisa.ca)

**How long does it take:** It normally takes 8 to 10 weeks from the time a nomination is made until the medal arrives at your address. The time may be shorter if the selected medal is in stock.

**Wearing Protocol:** If wearing the medal, it should be worn attached to the tunic over the right breast pocket. Undress ribbons of medals may be sewn but shall normally be placed on a detachable ribbon bar and pinned, on the right breast of the service dress jacket or tunic.

**Cost:** These are at a fee of seventy-five (\$75) dollars per medal plus a shipping fee. (multiple medals can be shipped for the one shipping fee) Please do not send payment until you have recived an Invoice.

**Information:** [ifsam@cvfisa.ca](mailto:ifsam@cvfisa.ca)

**Payment Options:** [CVFSA / NIFSC](#)

# "Indigenous Fire Service Award" Medal

Nomination Form: Indigenous Fire Service Award Medal

Recipient's Name: \_\_\_\_\_  
First Middle Last

Recipient's Rank: \_\_\_ Firefighter \_\_\_ Captain \_\_\_ Fire Chief \_\_\_ MFR \_\_\_ Other: \_\_\_\_\_

Years of Service: \_\_\_\_\_ Number of completed year of service. Can be in more than one department.

Name of Fire Department Service: \_\_\_\_\_

Address of Department: \_\_\_\_\_

If service includes other departments for total please list: \_\_\_\_\_

This nomination submitted by: \_\_\_\_\_  
Chief / Fire Chief / Deputy Chief / Band Elder

Email address of nominator: \_\_\_\_\_

Canada Post Shipping Address: \_\_\_\_\_  
\_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\_\_\_\_\_  
Signature of Nominating Authority

For CVFSA Awards Committee / Reference and records

\_\_\_\_\_  
Date received:

\_\_\_\_\_  
Date sent out: