

CVFSA Fire Service Award (10 – 29 years of service)



A. Recipient:

Recipient's Name: _____
 First Middle Last

Years of Services: _____ Number of completed years of service. Can be in more than one Department

Current Position: _____

Is this there first time receiving an award from CVFSA: YES _____ NO _____

Name of Department: _____

Civic Address of Department: _____

B. Nominator:

This Nomination submitted by: _____
 Municipal Official or Fire Chief / Deputy Chief

Email address of nominator: _____

Billing Name: _____

Shipping Address (Purolator): _____

Province: _____ Postal Code: _____

Phone Number: _____

Signature of Nominating Authority

Are you using a purchase order to pay if so, please provide number: _____

For the CVFSA Awards Committee

Date Received: ____ / ____ / ____ Date Sent Out: ____ / ____ / ____
 mm dd yyyy mm dd yyyy

