

## CVFSA Fire Service Award / Municipal Long Service Award



### A. Recipient:

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

Award Type: Fire Service 10-29 Years \_\_\_\_ Municipal Long Service 30+ Years \_\_\_\_

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

Recipient's Rank: \_\_\_\_\_

Is this their first time receiving an award from CVFSA: YES \_\_\_\_ NO \_\_\_\_

If **No**, what CVFSA award did they receive last: \_\_\_\_\_

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

Please complete the form an email to [mlsam@cvfsa.ca](mailto:mlsam@cvfsa.ca)

For the CVFSA Awards Committee

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Sent Out: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy mm dd yyyy