

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 Email address: _____

Billing Name: _____

Please provide both addresses for shipping, Canada Post and Purolator. We will determine which is the most economical for you and use them. If you prefer only to use one or the other just give one address.

Shipping Address (Canada Post): _____

Postal Code: _____

Shipping Address (Purolator): _____

Province: _____ Postal Code: _____ Phone Number: _____

Signature of Nominating Authority

Please complete the form an email to mlsam@cvfisa.ca

For the CVFSA Awards Committee

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

