DIX HILLS FIRE DEPARTMENT

Recognition Award Application

Alarm # :_____ Date of Alarm:_____ Time of Alarm:_____

Alarm Location:_____ Alarm Type:_____

Recommended Award Type (Optional)

Department Medal of Honor_____

Class I _____

Class II _____

Class III _____

Class A _____

Certificate of Merit (Fire)_____

Unit Citation-Engine_____

Unit Citation-Truck _____

Life Saving _____

Pre-Hospital Save _____

Certificate of Merit (Rescue)_____

Signature of Submitting Member:_____ Date: _____

Please attach a separate sheet with a description of events for review by the awards committee.

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ENDORSEMENTS

Incident Commander Endorsement

(Not needed but abscence of endorsement should have bearing upon award decision.)

Please attach a separate sheet with a description of events for review by the awards committee.

Incident Commander:_____ Date:_____

Chief of Department Endorsement

(Not needed but abscence of endorsement should have bearing upon award decision.)

Please attach a separate sheet with recommendations for review by the awards committee.

Chief of Department: _____ Date:_____

Award Committee Findings

Signature of Committee Chairman:_____ Date:_____