

ADDITIONAL NAMES FORM

NOTE: Provide electronic version, or if hand written - MUST be legible.

If more than one firefighter is eligible for the same award, fill out one (1) official nomination form attesting to the eligibility of the nominees and add other names onto this Additional Names Form.

Please provide separate form for each Medal and Bar year option. Check only one (1) option below:

Fire Services Exemplary Service Medal (Federal) (FSESM): 20 year Medal 30 year Bar 40 year Bar

British Columbia Long Service Medal (BCLSM): 25 year Medal 35 year Bar 45 year Bar

FIRE DEPARTMENT NAME: _____

	FULL NAME TO APPEAR ON CERTIFICATE AND MEDAL	DATE OF BIRTH DAY/MONTH/YEAR	GENDER (M)/(F)	SIN (FSESM ONLY)	SERVICE		POSITION TITLE
					FROM	TO	
					MONTH/YR	MONTH/YR	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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14							
15							