BRITISH COLUMBIA LONG SERVICE MEDAL (BCLSM)
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 official nomination form attesting to the eligibility of the nominees and add other names onto this Additional Names Form. *Example is you have eight - 25 year nominations: so you would fill out the main nomination form with one name and the remaining seven names would go on the additional names form, the same goes for bars (35 & 45 year etc.)…do not mix up medals and bars on this additional names form and/or on the main nomination form.*

*If there is service time at other departments, that information must be documented on this form under "DEPARTMENT NAME(S) (for specific service time)" column. Use next line below nominee name to document additional service and department names.

We are not able to accept overlapping time – one department for any concurrent time must be chosen.

FULL NAME OF NOMINEE TO APPEAR ON CERTIFICATE AND MEDAL	AWARD 25 yr medal / 35 or 45 yr bars	SERVICE		DEPARTMENT NAME(S)* (for specific service time)	POSITION TITLE
		FROM	TO		
		MONTH/YR	MONTH/YR		