



# MANITOBA ASSOCIATION OF FIRE CHIEFS

## MANITOBA FIRE FIGHTER LONG SERVICE AWARD

### NOMINATION FORM

Please select the appropriate box:

Medal (25 Years)       First Bar (35 Years)       Second Bar (45 years)

Please Print or Type

**1**

#### NOMINEE:

I wish to nominate the following person for this award:

Given Name: \_\_\_\_\_ Initial(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Fire Service Organization: \_\_\_\_\_

**2**

#### PROOF OF SERVICE FOR NOMINATION:

FROM: \_\_\_\_\_ TO \_\_\_\_\_  
(YYYY/MM/DD) (YYYY/MM/DD)

FROM: \_\_\_\_\_ TO \_\_\_\_\_  
(YYYY/MM/DD) (YYYY/MM/DD)

FROM: \_\_\_\_\_ TO \_\_\_\_\_  
(YYYY/MM/DD) (YYYY/MM/DD)

**Please submit application form with accompanying cover letter by December 31 of the year the level of service was attained to (awards to be presented at the MAFC Conference the following year):**

Manitoba Association of Fire Chiefs  
Attention: Medals Committee

PO Box 1208 Portage la Prairie, MB R1N 3J9  
Phone: (204) 857-6249 Fax: (204) 857-7593 Email: mb.firechiefs@mymts.net



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### REFERENCES:

To support the nomination and attest to the accuracy of the information by signing.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Signature: \_\_\_\_\_

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### NOMINATOR'S STATEMENT:

I certify that the information submitted with this nomination is correct.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Signature: \_\_\_\_\_

Email-Address: (required) \_\_\_\_\_



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