

**APPLICATION FOR
FIREFIGHTER VALOR AWARDS
NEW JERSEY STATE FIRE CHIEFS ASSOCIATION**

(Type or Print Application)

1. Date of Meritorious Act _____ 20__ Time _____
2. Nominee's Name _____ Rank _____
3. Home Address: Street _____ City _____
4. Fire Department or Company _____ Years of Service _____
5. Reason for Meritorious Act: Fire ___ Drowning ___ Cliff ___ Sewer ___
Explosion ___ Auto ___ Other (explain) _____
6. Location of Incident _____
7. Weather: Fair ___ Snow ___ Fog ___ Rain ___ Other ___ Temperature _____

(If Meritorious Act was related to a Structural Fire, complete 8 thru 12)

8. Type of Construction _____
 9. Height of Construction (or Depth) _____
 10. Type of Occupancy Dwelling ___ Apartment ___ Public Bldg. ___ School ___
 11. Location and extent of fire upon arrival _____

 12. Describe Smoke Condition _____
 13. Unusual Features of involved occupancy: Old Age Home ___ Panic ___
Congested ___ Highly Flammable ___ Other _____
 14. Persons rescued:
Name Age Gender Physical Condition
(Normal, Disabled, Conscious, Panic-stricken, Other)
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If more space is needed, use a separate sheet.

15. Describe where victim was found _____

16. Describe the injuries to the victim _____

17. Describe the injuries to the rescuer _____

18. Was SCBA used? Yes _____ No _____

19. Was protective gear used? Yes _____ No _____

20. Was protective stream used? Yes _____ No _____

21. Was additional help present? Yes _____ No _____

22. Was rescue made with assistance? Yes _____ No _____ If yes, describe

23. Give Details of Meritorious Act: _____

_____ Attach all supporting information, incident report, witnesses, photos, etc.

The undersigned hereby states that the information contained is substantially correct to the best of their knowledge.

Signature of Submitter _____ Signature of Fire Officer _____

Rank of Submitter _____ Rank of Fire Officer _____

Fire Department _____ Phone _____

Fire Department Address _____

Signatures of Approval of the Valor Awards Committee:

Mail completed Application to:

NEW JERSEY STATE FIRE CHIEFS ASSOCIATION
P.O. Box 6599
Carlstadt, NJ 07072

Date of Approval _____