



# AWARD NOMINATION

Special Operations Research and Development (S.O.R.D.) International, LLC "Awards Program" is an awards program for law enforcement, military and emergency medical personnel assigned to tactical teams. Eligibility for each award is reviewed from information provided on each award nominee. S.O.R.D. Internationals' awards committee will carefully screen each award nominee and then determine if the award shall be awarded to the nominee. Award nominations may be submitted by the nominees employing agency, family members, corporations or private citizens.

Please place a check  in the box beside the award(s) that are being requested

- Medal of Valor     
  Distinguished Service Award     
  Purple Heart  
 Lifesaving Award     
  T.M.O. Award

**PLEASE TYPE OR PRINT**

I would like to nominate the below listed individual for the award(s) indicated above:

1. Name: \_\_\_\_\_ Title/Rank: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Occupation:  Police Officer     SWAT     Military     Tactical EMS     Tactical Physician  
 If military, please indicate what branch and job field: \_\_\_\_\_

All others please indicate employing agency and position: \_\_\_\_\_

5. Award verification – Please attach copies of police/EMS reports, newspaper articles and/or any other pertinent information which directly pertains to the incident for which the individual is being nominated. On a separate sheet of paper please write a detailed narrative of why you feel that this individual should receive the award in which he/she is being nominated for.

6. Name and Address of your local newspaper: \_\_\_\_\_

7. Name and Address where award should be mailed:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

OFFICE USE ONLY
Award Issued: _____
Reviewed By: _____
Date: _____

**Affidavit:** I hereby certify to the best of my knowledge that the information provided for this nomination is true and accurate. Any information provided that is not true and accurate will be grounds for refusing to issue an award to the nominee. The application fee has no merit or bearing on the decision to issue an award. The fee is for cost of award materials and shipping fees. The fee for the award must accompany the application and documentation.

Sponsor Name (Printed): \_\_\_\_\_ Relationship to Nominee: \_\_\_\_\_

Sponsor Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sponsor Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT TO:**  
 S.O.R.D. International  
 Attn: Awards Committee  
 P. O. Box 3233  
 Irmo, SC 29063-3233

**AWARD FILING FEE**

Certificate Only \$30     
  Medal, Ribbon Bar and Certificate \$50  
 Replacement Certificate \$15   
  Replacement Medals \$15  
 Replacement Uniform Ribbon Bar \$10