

**APPLICATION TO THE BOARD OF MERIT AWARDS
CONNECTICUT STATE FIREFIGHTER'S ASSOCIATION**

Department: _____ **Telephone:** _____

Chief: _____ **Telephone:** _____

Applicants Name: _____ **Telephone:** _____

Nominees Name: _____ **Address:** _____

Nominees Rank: _____ **Assignment:** _____

Date of Incident: _____ **Time of Incident:** _____ **Weather:** _____

Describe Incident: (Attach any additional pages) _____

Was the nominee wearing protective gear? If so what was used? _____

Did the nominee have available the proper fire service tools or equipment and if so what was used?

Was the nominee injured during the incident, if so describe all injuries: _____

Names, addresses, and phone numbers of any witnesses of the incident (Limit 3 witnesses)

Recommendation of the Chief of Department: _____

Include names of any police officer or civilians who may have been involved (address, phone):

Applications must be submitted no later than July 31 of each year. Please, include any pictures, videos, news articles, or reports that may be of importance to the Merit Awards Board. Send this application (4 copies) and any reports or pictures (4 copies) to CSFA, P.O. Box 9, Mansfield Center, CT 06250 ATTN: Merit Awards