

RECOMMENDATION FOR DECORATION		DATE	
TO: (National, Region, Wing, or Group)		FROM: (Originating Organization and Address)	
<b>1. RECOMMEND INDIVIDUAL/UNIT INDICATED BE AWARDED:</b> <input type="checkbox"/> Silver Medal of Valor <input type="checkbox"/> Bronze Medal of Valor <input type="checkbox"/> Distinguished Service Medal <input type="checkbox"/> Exceptional Service Award (Approved by Region) <input type="checkbox"/> Meritorious Service Award (Approved by Region)			
<input type="checkbox"/> Commander's Commendation Award (Approved by Wing, Region or National) <input type="checkbox"/> Achievement Award (Approved by Group) <input type="checkbox"/> Certificate of Recognition for Lifesaving (Approved by Wing or Region) <input type="checkbox"/> Unit Citation Award <input type="checkbox"/> Other:			
<b>2. PERSONAL DATA (Data Required for Individual Award)</b>			
LAST NAME, FIRST NAME, AND MIDDLE INITIAL		CAPSN	GRADE
UNIT NAME AND CHARTER NUMBER		WING	
<b>3. UNIT DATA (Data Required for Unit Citation)</b>			
UNIT NAME AND CHARTER NUMBER		WING	
<b>4. INCLUSIVE DATE(S) OF ACT, ACHIEVEMENT, OR SERVICE (Required for all awards)</b>			
FROM _____ TO _____			
<b>5. PREVIOUS AWARDS AND DECORATIONS (List previous CAP awards and dates below:)</b>			
<b>6. JUSTIFICATION</b>			
COMPLETE ITEM 6 ON THE REVERSE SIDE OF THIS FORM			
REQUESTED BY	SIGNATURE OF FLIGHT OR SQUADRON COMDR	FLIGHT OR SQUADRON	DATE
APPROVED	SIGNATURE OF GROUP COMMANDER	GROUP	DATE
APPROVED	SIGNATURE OF WING COMMANDER	WING	DATE
APPROVED	SIGNATURE OF REGION COMMANDER	REGION	DATE

**6. JUSTIFICATION:** (Description of the act, achievement, or service, including specific dates, places, and facts. If additional space is required, continue on plain bond paper.)

**TYPED NAME, GRADE, AND TITLE OF  
INDIVIDUAL INITIATING RECOMMENDATION**

**SIGNATURE**

Be sure to attach a sample citation to accompany the Silver Medal of Valor, the Bronze Medal of Valor, and Distinguished Service Medal.