

RECOMMENDATION FOR DECORATION	DATE
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TO: (National, Wing, or Region)	FROM: (Originating Organization and Address)
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1. RECOMMEND INDIVIDUAL/UNIT INDICATED BE AWARDED:

<input type="checkbox"/> Silver Medal of Valor	<input type="checkbox"/> Commander's Commendation Award (Approved by Wing or Region)
<input type="checkbox"/> Bronze Medal of Valor	<input type="checkbox"/> Certificate of Recognition for Lifesaving (Approved by Wing or Region)
<input type="checkbox"/> Distinguished Service Medal	<input type="checkbox"/> Unit Citation Award
<input type="checkbox"/> Exceptional Service Award (Approved by Region)	
<input type="checkbox"/> Meritorious Service Award (Approved by Region)	

2. PERSONAL DATA (Data required for individual award.)

LAST NAME, FIRST NAME, AND MIDDLE INITIAL	CAPSN	GRADE
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UNIT NAME AND CHARTER NUMBER	WING
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3. UNIT DATA (Data required for unit citation award.)

UNIT NAME AND CHARTER NUMBER	WING
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4. INCLUSIVE DATE(S) OF ACT, ACHIEVEMENT, OR SERVICE (Required for all awards.)

From _____ To _____

5. Previous Awards and Decorations (list previous CAP awards and dates below):

6. Justification

COMPLETE ITEM 6 ON THE REVERSE SIDE OF THIS FORM

REQUESTED BY	Signature of Flight/Squadron Commander	Flight/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.