

ADDITIONAL NAMES FORM

FIRE DEPARTMENT _____

Fire Services Exemplary Service Medal (Federal) (FSESM) ___ 20 year Medal ___30 year Bar ___40 year Bar

British Columbia Long Service Medal (BCLSM) ___ 25 year Medal ___35 year Bar ___ 45 year Bar

	SURNAME, GIVEN NAMES & INITIALS	DATE OF BIRTH DAY/MONTH/YEAR	SEX (M) (F)	SIN (FSESM ONLY)	SERVICE		POSITION TITLE
					FROM	TO	
					MONTH/YR	MONTH/YR	
1							
2							
3							
4							
5							
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15							

If more than one fire fighter is eligible for an award, you can fill out one official nomination form and add the other names onto this Additional Names Form.

This sheet is only valid if accompanied by ONE (1) signed nomination form attesting to the eligibility of the nominees listed.