



APPLICATION FOR UNIT CITATION

This application is to be filed when a group of Firefighters / EMS Providers acted together to save a persons or peoples lives under hazardous or difficult circumstances. This application may be used for Firematic or EMS actions.

DEPARTMENT: _____

COMPANY: (if needed): _____

EVENT: FIRE EMS ACTIONS UNUSUAL CIRCUMSTANCE

Name of Person Submitting Report: _____ Rank: _____

Personnel involved in action: (Use additional sheet if needed)

_____	_____
_____	_____
_____	_____

Use additional sheet if needed

Location of Incident: _____

District (if not your own): _____

Detailed description of act: (Please type or print legibly – A separate sheet should be used)

Witnesses: _____

Incident Commander Name: _____ Rank: _____

Signature of Chief: _____ Date: _____

Print name of Chief: _____

Present at Scene: YES NO

Please provide any additional documentation of the incident. **If an EMS action, do not provide copy of PCR, or patient's name.** Newspaper articles, letters, photographs, etc. all acceptable.

Signature of Preparer : _____ Date: _____

COMMITTEE ACTION: APPROVED NOT APPROVED

Committee Members Signatures:

_____	_____
_____	_____
_____	_____

Signature of Chairman: _____ Date: _____

Department Notification Date: _____