



BRIAN TAYLOR
STATE FIRE MARSHAL

OSFM Service Excellence Award

Recognizing long-term commitment, dedication, and outstanding service

Nominee Information

Nominee's Full Name (as it should appear on the award): _____

Fire Department Agency: _____

Rank/Position: _____

Nominee's Cell Phone: _____

Nominee's Email Address: _____

Nominator Information

Nominator's Full Name: _____

Relationship to Nominee: _____

Nominator's Cell Phone: _____

Nominator's Email Address: _____

Details for Nomination

1. Length of Service (Indicate the number of years the nominee has served in the fire department.):
2. Consistent Performance (Describe how the nominee has consistently performed at a high level throughout their career.):
3. Leadership and Teamwork (Provide examples of the nominee's leadership skills and ability to work effectively within a team.):

Presentation of Award

Proposed Date of Award Ceremony: _____

Proposed Time of Award Ceremony: _____

Proposed Location of Award Ceremony: _____

Request OSFM Personnel to Present Award: Yes or No

OFFICE OF STATE FIRE MARSHAL