



OACP Annual Awards Nomination Form

Award: _____

Nominator Information:

First Name: _____ Last Name: _____

Rank/Title: _____ Police Organization: _____

Tel. No.: _____ E-mail: _____

Nomination Support or Endorsed by:

This nomination is supported and endorsed by:

(Insert the name of Nominee's Chief of Police, Commissioner, Assistant Commissioner 'O' Division or Designate)

Nominee Information:

First Name: _____ Last Name: _____

Rank/Title: _____ Police Organization: _____

Tel. No.: _____ E-mail: _____

Please provide a 500-word (maximum) narrative describing why the nominated individual/organization should be considered for this award:

Optional Video - a 60-second or less video can be submitted to support the nomination.

Please provide the link to the video here: