

**NOMINATION FORM**  
**EXEMPLARY PERFORMANCE**

Nomination Category:

- First Responder    Ambulance    Law Enforcement  
 EMS Team (Air or Ground)    Hospital or Trauma Team  
 Citizen ("Good Samaritan")    Other: \_\_\_\_\_

Nominee(s) *(Please provide address for each nominee):*

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency: \_\_\_\_\_

Situation or call prompting nomination, *(use additional pages if needed, include copy of PCR form if applicable):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why should this performance be considered exceptional?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of individual making nomination:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Agency: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Please return this form to:**  
Nor-Cal EMS Inc., 43 Hilltop Drive, Redding, CA 96003-2807  
Phone (530) 229-3979, Fax (530) 229-3984