

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

COAST GUARD AWARD RECOMMENDATION

1. RECOMMENDED AWARD	2. PERIOD BEING RECOGNIZED (DATES INCLUSIVE)
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3A. INDICATE IF SUBSEQUENT AWARD (FIRST, SECOND, THIRD, ETC.)	3B. "O" DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
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PERSONAL AWARD INFORMATION
(FOR CIVILIAN AWARDS COMPLETE SECTION 14 ALSO)

4. NAME (LAST, FIRST, MI)	10. PREVIOUS AWARDS EARNED DURING PERIOD BEING RECOGNIZED (ATTACH COPY)	
5. EMPLID	11. PRESENT DUTY STATION (AUX: DIVISION/FLOTILLA)	
6. BRANCH OF SERVICE	12. NEW DUTY STATION (HOME ADDRESS IF SEPARATION ANTICIPATED)	
7. STATUS <input type="checkbox"/> AUXILIARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE	13. OTHER PERSONNEL RECOMMENDED FOR SAME ACTION AND AWARD RECOMMENDED	
8. GRADE/RANK (FOR CIVILIANS: POSITION TITLE, SERIES, AND GRADE) (AUX: POSITION TITLE)		
9A. PRESENTATION DATE	9B. RETIREMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	

14. FOR CIVILIAN RECOMMENDATIONS ONLY

14A. PREVIOUS AWARDS DURING PAST 3 YEARS	14B. RECOMMENDED AMOUNT OF AWARD (IF APPLICABLE)
	14C. RECOMMENDED AMOUNT OF TIME OFF (IF APPLICABLE)

UNIT/TEAM AWARD INFORMATION

15. NAME OF UNIT/TEAM	16. LOCATION OF UNIT/TEAM AT TIME OF ACTION		
17. LIST OF UNIT/TEAM PERSONNEL RECOMMENDED FOR AWARD (USE ADDITIONAL PAGE OR ATTACH ROSTER IF NECESSARY). PROVIDE NAME, EMPLID, GRADE/RATE, STATUS, AND PRESENT DUTY STATION.			
18. NAME, GRADE, TITLE OF ORIGINATOR	PHONE NO.	SIGNATURE	DATE

19. FORWARDING ENDORSEMENTS BY VIA ADDRESSEE(S). ATTACH ADDITIONAL SHEETS AS NECESSARY.

VIA	COMMAND	RECOMMENDED AWARD	"O" DEVICE	SIGNATURE, GRADE, TITLE	DATE
1.			<input type="checkbox"/> YES <input type="checkbox"/> NO		
2.			<input type="checkbox"/> YES <input type="checkbox"/> NO		
3.			<input type="checkbox"/> YES <input type="checkbox"/> NO		

20. DISPOSITION BY AWARDING AUTHORITY AWARD APPROVED	"O" DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	EXTRAORDINARY HEROISM APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	SIGNATURE, GRADE, TITLE	DATE
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21. SUMMARY OF ACTION:
ATTACH A SEPARATE SHEET, IN NARRATIVE OR BULLET STYLE, TO MORE EFFECTIVELY CONVEY ACTION. AT A MINIMUM, MUST ADDRESS THE FOLLOWING QUESTIONS: (1) WHAT WAS THE SPECIFIC ACT/SERVICE PERFORMED? (2) WHERE AND WHEN DID THE ACTION/SERVICE HAPPEN? (3) WHAT WAS THE VALUE/EFFECT OF THE MEMBERS 'CONTRIBUTION'? (SEE COMDTINSTM1650.25(SERIES))
FOR CIVILIAN AWARDS: SHOULD NOT EXCEED THREE PAGES: SEE COMDTINST M12451.1 (SERIES) FOR GUIDANCE ON SPECIFIC AWARDS. CITATION IF APPLICABLE