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| H&L Award Form HL-0001 (Rev 01-09) | | HIGGINS AND LANGLEY MEMORIAL AWARDS FOR SWIFTWATER RESCUE Nomination Form | | | 1. Nomination Year _____ | |
| Instructions: Complete all information in blocks 1-14. Be as specific and detailed as possible; use additional sheets as needed. Provide as many attachments as required to assist the validation of the incident, eligibility of the nominee/team, and level of Award nomination. Statements/Affidavits should contain as much detail as the party can recall including all facts and occurrences to clearly show what manner and to what extent an extraordinary effort was made, witness names, persons rendering assistance during the incident and all pertinent circumstances and data showing the precise nature and level of competence involved. | | | | | | |
| 2. A nomination is submitted for the following category (select ONE): | | | 3. Type of Nominee (select ONE): | | 4. Type of duty (select ONE): | |
| <input type="checkbox"/> | Incident | | Individual | | Paid full-time Professional | |
| <input type="checkbox"/> | Special Commendation | | Multiple Individuals | | Paid part-time Professional | |
| <input type="checkbox"/> | Program Development | | Team | | Unpaid/Volunteer Professional | |
| <input type="checkbox"/> | Outstanding Achievement | | Multiple Teams | | Combination (individuals) | |
| <input type="checkbox"/> | Lifetime Achievement | | | | Combination (teams) | |
| 5. Date/Period being recognized: | | a. Commence Date/Time: | | b. Conclusion Date/Time: | | |
| 6. Name of Incident/Program: | | | | | | |
| 7. Nominee or Primary POC: (additional nominees, parties, team members listed on separate pages as needed; all information shall be included for every listings) | | | | | | |
| a. Name: | | | | b. Title: | | |
| c. Unit/Duty Station: | | | | | | |
| d. Address: | | | | | | |
| e. City: | | | | f. Zip/Post Code: | | |
| g. State/Province: | | | | h. Country: | | |
| i. Phone (home): | | j. Phone (work) | | k. Phone (mobile): | | |
| l. E-mail address: | | | | | | |
| m. Highest level of swiftwater rescue training: | | | | | | |
| 8. Summary of incident/events/program (brief description): | | | | | | |
| 9. Describe all training, qualifications, certifications, capabilities and skills of the rescuer(s)/team(s) with emphasis on swiftwater and/or related specialty training; continue on separate page as needed. | | | | | | |
| 10. Environmental Conditions: On scene weather, water state, rapids class, air/water temperature, date/time of incident incursion, date/time of incident conclusion, other details; continue on separate page as needed. | | | | | | |
| 11. List of Attachments: (Check and attach all credible supporting documentation) | | | | | | |
| <input type="checkbox"/> | Complete/Detailed Summary of Incident | | Nominee statement | | Newspaper Articles | |
| <input type="checkbox"/> | Police/Fire/Rescue Reports | | Witness Accounts | | Video/Audio Reports/clips | |
| <input type="checkbox"/> | On-Scene Commander Report | | State/Provincial Agency Reports | | Copy of certification(s) | |
| <input type="checkbox"/> | Coroner's Report | | Federal Agency Reports | | Other Recognition (nominated or received) | |
| <input type="checkbox"/> | ICS Reports | | Affidavit(s) | | Other Attachment: | |
| 12. a. Name of Submitting Official/Chief/Commander: | | | b. Title: | c. Signature: | | d. Date of Submission: |
| e. Unit: | | | | f. E-mail address: | | |
| g. Address: | | | | | | |
| h. City: | | | j. State/Province: | k. Country: | l. Zip/Post Code: | |

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| m. Phone (work): | n. Phone (mobile): | |
| FINAL ACTION (FOR HIGGINS AND LANGLEY BOARD ACTION ONLY) | | |
| A. Board Review/Date | B. Board Recommendation/Date | C. Notification to Submitting Official |

Please fill out a separate block for each nominee or team member. Unlisted nominees cannot be considered!

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| 1. Nominee or Team Member: | | |
| a. Name: | | b. Title: |
| c. Unit/Duty Station: | | |
| d. Address: | | |
| e. City: | | f. Zip/Post Code: |
| g. State/Province: | | h. Country: |
| i. Phone (h): | j. Phone (w) | k. Phone (c): |
| l. E-mail address: | | m. SRT qual. level: |

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| 2. Nominee or Team Member: | | |
| a. Name: | | b. Title: |
| c. Unit/Duty Station: | | |
| d. Address: | | |
| e. City: | | f. Zip/Post Code: |
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| l. E-mail address: | | m. SRT qual. level: |

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| 3. Nominee or Team Member: | | |
| a. Name: | | b. Title: |
| c. Unit/Duty Station: | | |
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| e. City: | | f. Zip/Post Code: |
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| 4. Nominee or Team Member: | | |
| a. Name: | | b. Title: |
| c. Unit/Duty Station: | | |
| d. Address: | | |
| e. City: | | f. Zip/Post Code: |
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| 5. Nominee or Team Member: | | |
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Continuation sheet. Duplicate as necessary

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| Nominee or Primary POC: | | |
| a. Name: | b. Title: | |
| c. Unit/Duty Station: | | |
| d. Address: | | |
| e. City: | | f. Zip/Post Code: |
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