Military Police Regimental Association
Vivandieres Request Form

RECOMMENDER INFORMATION

Rank / Name_____ Member #_____

Unit/Org _____

Address _____

City, State, Zip _____

Phone_____

Email _____

Recommender, Recipient's Spouse, Endorser and Approver MUST all be CURRENT members of the MPRA.

SEND Vivandieres Medal submissions to:

Military Police Regimental Association
ATTN: Awards
P.O. Box 2182
Ft. Leonard Wood, MO 65473
573.329.5317 • 573.329.6772
mpragiftshop@gmail.com
MPRAawards@gmail.com

NOMINEE/RECIPIENT INFORMATION *Complete entire form. Please don't type in all CAPS—use normal Upper/lower case.*

Rank/Grade/Mr./Mrs./Ms _____

Name_____ Current Unit/Organization _____

Planned Presentation Date_____ Spouse of MPRA Member ☐ Yes #_____ ☐ No

Spouse's Name _____ Effective Date of Membership_____

REQUEST FOR APPROVAL

Allow 4 weeks for processing.

The following criteria has been satisfied and I: (check as appropriate)

☐ **Request** that this nominee receive the Vivandieres Medal

Recommender is current MPRA Member........................... ☐ Yes ☐ No

Endorser is a Military Police LTC.. .... ☐ Yes ☐ No

Approver is a Military Police Colonel or above, Deputy Commandant, Military Police Nominative Command or Nominative Staff Sergeants Major, or Chief Warrant Officer Five and a current standard member.* .... ☐ Yes ☐ No

Nominee clearly stands out consistently in support to the Military Police Regiment above others .... ☐ Yes ☐ No

Accompanying narrative and documents clearly substantiate that the nominee meets the established criteria.......... ☐ Yes ☐ No

Endorser Name _____

Endorser Signature _____

*NOTE: IF NONE OF THE ABOVE IS AVAILABLE INCLUDE A MEMO REQUESTING ENDORSEMENT.

MPRA should mail processed medal to: **MUST BE A RESIDENTIAL ADDRESS.**

Name _____

Address _____

_____

Approver Name _____

Member # _____

Approver Signature _____

Current cost of award is $50.00.   Total $_____

Add $10.00 for requests within two weeks of presentation date. **Additional cost for rush delivery or overnight receipt.**

NOTE: For your security, payment arrangements can be co-ordinated via phone and NOT REQUIRED until approval notification.

☐ Check or Money Order Enclosed. (No Govt. POs)

☐ Credit Card.   Exp. Date_____ Security Code_____

#_____ Billing Zip Code_____

Print Name (exactly as shown on card) _____

Signature_____