

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, 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 SIGNED BY THE HIGHEST RANKING MP IN COMMAND.**

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 _____

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

Name _____

Address _____