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
Work Cell: 573.902.8413
Office: 573.329.5317 / 573.329.6772
MPRAawards@gmail.com
MPRAGiftShop@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_____

_____

PAYMENT CONTACT Complete if someone other than the recommender will arrange payment.

Rank/Name _____ Phone _____ Email _____