

DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD

**COAST GUARD AWARD RECOMMENDATION**

1. RECOMMENDED AWARD	2. PERIOD BEING RECOGNIZED (DATES INCLUSIVE)
----------------------	--

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
---	---

**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	
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
13. OTHER PERSONNEL RECOMMENDED FOR SAME ACTION AND AWARD RECOMMENDED	

**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 AWARDCING 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
---	--	---	-------------------------	------

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