

Please provide a brief description of event related to this nomination. A member of the OSAP Committee or their designee may contact you for additional details at a future date.

Witnesses to the Event (If Any)

Name (Last, First) <input type="text"/>	Phone: <input type="text"/>	Email: <input type="text"/>
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I understand that my nomination is a recommendation only. Moreover, I understand that this application will be reviewed by the Oklahoma State Awards Program Committee (OSAP) and that their final recommendation will be made to the Governor of the State of Oklahoma who reserves the right of final approval of any awards. I understand that the facts, circumstances and events related to this award may be investigated by the OSAP or advisory committee thereof. I further understand and confirm that the information contained in this nomination is truthful, accurate, and verifiable. I agree that materially false information provided to the committee will be cause for disqualification from the award program. I understand that I will be notified within the next twelve (12) months whether the recommended award is approved.

☐

Agree

☐

Disagree

Nominating Person's Signature

Date

Applications may be printed and mailed to:

Department of Public Safety
Legal Division
PO Box 53004
Oklahoma City, OK 73152