Application for Acts of Heroism

(Type A Awards)

JAH USE ONLY

(Please type or print)

Name: _____
(Last) (First) (Middle initial)

Occupation: _____

Employer Name: _____

Employer Address: _____
(Address) (City) (State) (Zip)

Date of Incident: _____ /_____ /_____

Where Incident Occurred: _____

Names of Other Individuals Involved: _____

Please give complete details of occurrence and degree of risk involved.

Attach detailed narrative to this application.

MAIL COMPLETED FORM TO:

U.S. Department of Labor
Mine Safety & Health Administration
Joseph A. Holmes Safety Association
1100 Wilson Boulevard, Room 2147
Arlington, VA 22209-3939

Internet: zzMSHA-HolmesSA@dol.gov
Telephone: (202) 693-9574
Fax: (202) 693-9571