

MEMORANDUM

TO: Heads of Fire Departments

FROM: Stephen D. Coan
State Fire Marshal

DATE: January 1, 2012

SUBJECT: Massachusetts Firefighter Service Award Nominations

The Fire Service Commission and the Department of Fire Services would like to thank the Fire Service Community for their participation in the Massachusetts Firefighter Service Award Program. This award is available to any Massachusetts firefighter who has served for any period of time totaling 20 or more years, in five year increments, i.e., (20, 25, 30, etc.). This length-of-service award is available to call, career and volunteer members of your department who meet the applicable criteria for their respective award. Please find enclosed the Firefighter Service Award Package, which includes the following:

1. Nomination form
2. Appeal for reconsideration form
3. Criteria for nomination of call, career or volunteer firefighters;
4. V.H. Blackinton & Co., Inc. order form for insignia (**order direct from your local dealer**).

The nomination forms should be filled out and returned to **Sally Wyrobek at The Department of Fire Services, Western Mass. Office, P.O. Box 389, One Prince Street, Northampton, Massachusetts 01060-0389**. Upon review and acceptance of your nomination form, a certificate in the name of the nominee will be returned to you so that you may sign and award it, along with the service pin (**ordered at your cost directly from your local Blackinton dealer**) to the nominee. This award will be signed by the Chairman of the Fire Service Commission as well as the State Fire Marshal. It is our suggestion that the service pin be worn on the right side of the uniform, above the pocket flap on the dress uniform shirt, and in the corresponding location on the dress blouse or uniform jacket.

Any general questions involving this award should be directed to Sally Wyrobek at (413) 587-3181 x200 as all forms and certificates will be processed by the Department of Fire Services. In closing, we would like to thank you in advance for your cooperation in ensuring the success of this very worthwhile recognition award.

Recipients can be viewed on our website at <http://db.state.ma.us/dfs/mfsa/search.asp>

Encs.

Massachusetts Firefighter Service Award

Nomination Form

(Please print or type)

Name of Fire Department _____

Head of Fire Department _____

Name of Nominee _____
Rank First Name Middle Initial Last Name

Nominated for: (check one)

- Massachusetts Call Firefighter Service Award
- Massachusetts Career Firefighter Service Award
- Massachusetts Volunteer Firefighter Service Award

Total Years of Service _____ years

I, _____ as head of the _____
Fire Department hereby certify that the above named individual is a member in
good standing and is qualified by virtue of length of service as provided for in the
Massachusetts Firefighter Service Award Criteria.

Date

Signature

- *Please reproduce this blank form and use one form for each nominee.*
- *Please send completed form to: Sally Wyrobek, Department of Fire Services, Western
Massachusetts Office, P. O. Box 389 – One Prince Street, Northampton, MA 01060-0389*

Appeal for Reconsideration

I, _____, a firefighter on the _____ Fire Department hereby appeal the decision of _____, head of the department, in failing to submit my name as nominee for the Massachusetts Firefighter Service Award based upon ____ years of service as a Call, Career, Volunteer, Massachusetts firefighter (attach statement as necessary).

Date

Firefighter

I, _____, head of the _____ Fire Department certify that I have reviewed the criteria for the Massachusetts Firefighter Service Award and in my opinion the above named firefighter is not qualified based upon years of service for the following reason(s):

Date

Head of Fire Department

Please submit this form along with any attachments to Sally Wyrobek, Department of Fire Services, Western Mass. Office, P.O. Box 389, One Prince Street, Northampton, Massachusetts, 01060-0389

Note: Reconsideration for denial of the Massachusetts Firefighter Service Award is limited solely to issues of length or service as provided in the criteria for respective award, i.e., call, career or volunteer.



Massachusetts Firefighter Award Form

Blackinton

All orders must be forwarded to a participating Authorized Blackinton® Dealer ONLY.

ORDER FROM: FIRE DEPT. : STREET: TOWN/CITY: STATE, ZIP: DEPT. P.O.#: TELEPHONE #:	SEND ORDER TO: <i>Participating</i> DEALER: STREET: TOWN/CITY: STATE, ZIP: P.O.#:
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2012 Price Per Award = \$14.90
(Plus Shipping)

FOR DEALER USE ONLY BILL TO: (BLACKINTON® DEALER #)	FOR DEALER USE ONLY SHIP TO:
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MASSACHUSETTS Call Firefighter Award				MASSACHUSETTS Career Firefighter Award				MASSACHUSETTS Volunteer Firefighter Award			
DIE #	YRS	FINISH	QTY	DIE #	YRS	FINISH	QTY	DIE #	YRS	FINISH	QTY
A9846	20	GOLD		A9847	20	GOLD		A9848	20	GOLD	
	20	SILVER			20	SILVER			20	SILVER	
A9846A	25	GOLD		A9847A	25	GOLD		A9848A	25	GOLD	
	25	SILVER			25	SILVER			25	SILVER	
A9846B	30	GOLD		A9847B	30	GOLD		A9848B	30	GOLD	
	30	SILVER			30	SILVER			30	SILVER	
A9846C	35	GOLD		A9847C	35	GOLD		A9848C	35	GOLD	
	35	SILVER			35	SILVER			35	SILVER	
A9846D	40	GOLD		A9847D	40	GOLD		A9848D	40	GOLD	
	40	SILVER			40	SILVER			40	SILVER	
A9846E	45	GOLD		A9847E	45	GOLD		A9848E	45	GOLD	
	45	SILVER			45	SILVER			45	SILVER	
A9846F	50	GOLD		A9847F	50	GOLD		A9848F	50	GOLD	
	50	SILVER			50	SILVER			50	SILVER	
				A9847G	10	GOLD					
					10	SILVER					
				A9847H	15	GOLD					
					15	SILVER					
TOTAL QTY:				TOTAL QTY:				TOTAL QTY:			
Leave \$14.90 in Red Box				Leave \$14.90 in Red Box				Leave \$14.90 in Red Box			
SUBTOTAL:				SUBTOTAL:				SUBTOTAL:			

TOTAL QUANTITY:

TOTAL COST: