

Military Police Regimental Association

Vivandieres Approval/Request Form

RECOMMENDER INFORMATION

Rank / Name _____ Member # _____

Unit/Org _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Recommender, Recipient's Spouse and Endorser **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

573.329.5317 • 573.329.6772

mpragiftshop@gmail.com • mprabeth@gmail.com

PAYMENT MUST ACCOMPANY ALL REQUESTS

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 currently serving as a Military Police Colonel or higher.* 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 any of the above requirements are not answered YES, this request will be forwarded to the Assistant Commandant, USAMPS for determination.

** If you do not have a MP COL endorsement, you need to submit a memo requesting endorsement on your behalf to the Assistant Commandant.*

APPROVING AUTHORITY

This request is

- Approved Disapproved

Brigadier General
Commandant
U.S. Army Military Police School

Remarks:

MPRA should mail processed medal to: **(residential address)**

Name _____

Address _____

Current cost of award is \$35.00. Total \$ _____

Add \$10.00 for requests within two weeks of presentation date.

Additional cost for rush delivery or overnight receipt.

- Check or Money Order Enclosed. (No Govt. POs)
- VISA / MC Exp. Date _____ Security Code _____
- # _____ Billing Zip Code _____

Print Name (exactly as shown on card) _____

Signature _____