

# 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

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)
- Credit Card. Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_
- # \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Print Name (exactly as shown on card) \_\_\_\_\_

Signature \_\_\_\_\_