

Chemical Corps Regimental Association Order of the Dragon Nomination/Request Form

AWARD TYPE:

Honorable OOD
Ancient OOD
Carol Ann Watson Award
Legionnaire Award

NOMINATOR INFORMATION

Rank / Name _____ Lifetime Member # _____
Unit/Org _____
Address _____
City, State, Zip _____
Phone _____
Email _____

***Nominator, Recipient and Approver MUST all be current members of the CCRA.**

SEND

Award submissions to:

CCRAMANAGER@EMBARQMAIL.COM

OR

Chemical Corps Regimental Association

ATTN: Awards
P.O. Box 437
Ft. Leonard Wood, MO 65473
573.329.0600

PAYMENT MUST ACCOMPANY ALL REQUESTS

NOMINEE/RECIPIENT INFORMATION

Rank/Grade/Mr./Mrs./Ms _____ Name _____

Current Unit/Organization _____

Total Years of Service _____ Years of Service to the Chemical Corps _____

Planned Presentation Date _____ Lifetime Member # _____ Graduate of: SLC CCCC WOAC

Notes: _____

The following criteria has been met: (check as appropriate)

Nominator, Nominee and Approver are
Lifetime Members..... Yes No

Nominee has demonstrated the highest
standards of integrity and moral Character and
has contributed to the advancement of the
CBRN mission..... Yes No

Accompanying narrative and
documents address that the nominee meets
the criteria addressed in Policy Letter #4..... Yes No

BILLING

Current cost of awards: HOOD \$30, AOOD \$35, CAWA \$32 , OODL \$30.00
Plus \$10 Shipping and Handling.

Additional cost for rush delivery.

Check or Money Order Enclosed. (No Govt. POs)

Credit Card. # _____

Exp. Date _____ Security Code _____ Billing ZIP Code _____

Signature _____

APPROVAL AUTHORITY

Approver Rank/ Name _____

Lifetime Member # _____ Date of Approval: _____

Approver Signature _____

MAILING

CCRA should mail processed award/medal to:

Name _____

Address _____

City: _____ State: _____ Zip: _____

OFFICE USE ONLY

Approved: Y N

Date Recieved: _____

Paid On: _____

Paid By: _____

Mailed On: _____

Notes: _____
