

**RECOMMENDATION FOR DECORATION
DEPLOYMENT/CONTINGENCY OPERATIONS**

FROM: <i>(Deployed Unit)</i>	TO: <i>(Awarding authority)</i>
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NAME <i>(Last, First, Middle Initial)</i>	RANK/GRADE	SSAN	DEPLOYED UNIT AT TIME OF ACTION
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RECOMMENDATION FOR:	"V" DEVICE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PERIOD OF ACHIEVEMENT/SERVICE:	
<input type="checkbox"/> AIR FORCE ACHIEVEMENT MEDAL	OLC:			FROM:	
<input type="checkbox"/> AIR FORCE COMMENDATION MEDAL	Are other persons being recommended for this same action? YES <input type="checkbox"/> NO <input type="checkbox"/>				TO:
<input type="checkbox"/> OTHER					

OCCASION FOR AWARD:	<input type="checkbox"/> ACHIEVEMENT	<input type="checkbox"/> SERVICE	<input type="checkbox"/> COURAGE	<input type="checkbox"/> HEROISM	<input type="checkbox"/> POSTHUMOUS
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HOME UNIT FORWARDING ADDRESS	PARENT MAJCOM
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SUMMARY OF ACTION/MERITORIOUS SERVICE *(Use specific bullet examples of act or service):*

NAME, GRADE, TITLE OF ORIGINATOR	SIGNATURE	DATE
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ENDORSEMENTS:

	TO	ACTION	SIGNATURE, GRADE AND DATE
1			
2			
3			

MPF ACTION	APPROVAL AUTHORITY: PINNED IN THEATER?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/> APPROVE	SIGNATURE BLOCK, SIGNATURE & DATE		
<input type="checkbox"/> DISAPPROVE			
<input type="checkbox"/> NO ACTION <i>(Include in end of tour)</i>			