RECOMMENDATION FOR DECORATION			DATE	
TO: (National, Region, Wing	;, or Group)	FROM: (Originatin	g Organization and Address)	
 1. RECOMMEND INDIVIDUAL/UNIT INDICATED BE A Silver Medal of Valor Bronze Medal of Valor Distinguished Service Medal Exceptional Service Award (Approved by Region) Meritorious Service Award (Approved by Region) 		WARDED: Commander's Commendation Award (Approved by Wing, Region or National) Achievement Award (Approved by Group) Certificate of Recognition for Lifesaving (Approved by Wing or Region) Unit Citation Award Other:		
2. PERSONAL DATA (Data Required for Individual Award)				
LAST NAME, FIRST NAME, AND MIDDLE INITIAL			CAPSN	GRADE
UNIT NAME AND CHARTER NUMBER			WING	
3. UNIT DATA (Data Required for Unit Citation)				
UNIT NAME AND CHARTER NUMBER			WING	
4. INCLUSIVE DATE(S) OF ACT, ACHIEVEMENT, OR SERVICE (Required for all awards)				
FROM TO 5. PREVIOUS AWARDS AND DECORATIONS (List previous CAP awards and dates below:)				
6. JUSTIFICATION				
COMPLETE ITEM 6 ON THE REVERSE SIDE O REQUESTED BY SIGNATURE OF FLIGHT OR SQUADRON COMDR		F THIS FORM FLIGHT OR SQUADRON	DATE	
APPROVED	SIGNATURE OF GROUP COMMAN	DER	GROUP	DATE
APPROVED	SIGNATURE OF WING COMMAND	ER	WING	DATE
APPROVED	SIGNATURE OF REGION COMMAN	NDER	REGION	DATE

CAP FORM 120, DEC 08 *Previous editions may be used.*

6. JUSTIFICATION: (Description of the act, achievement, or service, including specific dates, places, and facts. If additional space is required, continue on plain bond paper.)

TYPED NAME, GRADE, AND TITLE OF INDIVIDUAL INITIATING RECOMMENDATION SIGNATURE

Be sure to attach a sample citation to accompany the Silver Medal of Valor, the Bronze Medal of Valor, and Distinguished Service Medal.

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Reverse