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RECOMMENDATION FOR DECORATION DEPLOYMENT/CONTINGENCY OPERATIONS												
FROM: (Deployed Unit)						TO: (Awarding authority)						
NAME (Last, First, Middle Initial)					RANK/GRADE		SSAN			DEPLOYED UNIT AT TIME OF ACTION		
RECOMMENDATION FOR:					"V" DEVICE?		<input type="checkbox"/> YES <input type="checkbox"/> NO		PERIOD OF ACHIEVEMENT/SERVICE:			
<input type="checkbox"/> AIR FORCE ACHIEVEMENT MEDAL					OLC:							
<input type="checkbox"/> AIR FORCE COMMENDATION MEDAL					Are other persons being recommended for this same action? YES <input type="checkbox"/> NO <input type="checkbox"/>					FROM:		
<input type="checkbox"/> OTHER										TO:		
OCCASION FOR AWARD:		<input type="checkbox"/> ACHIEVEMENT		<input type="checkbox"/> SERVICE		<input type="checkbox"/> COURAGE			<input type="checkbox"/> HEROISM		<input type="checkbox"/> POSTHUMOUS	
HOME UNIT FORWARDING ADDRESS						PARENT MAJCOM						
SUMMARY OF ACTION/MERITORIOUS SERVICE (Use specific bullet examples of act or service):												
NAME, GRADE, TITLE OF ORIGINATOR					SIGNATURE					DATE		
ENDORSEMENTS:												
	TO	ACTION	SIGNATURE, GRADE AND DATE									
1												
2												
3												
MPF ACTION					APPROVAL AUTHORITY: PINNED IN THEATER?					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> APPROVE					SIGNATURE BLOCK, SIGNATURE & DATE		
					<input type="checkbox"/> DISAPPROVE							
UPDATED					NO ACTION (Include in end of tour)							
FILED												