

## **Auxiliary Program Request for Recognition**

AP007 shall be initiated by the Auxiliary Program Office for all service awards. For all other non-service awards, with the exception of the Kierstead award, the AP007 shall be completed by the Auxiliary Unit Commander or Auxiliary Regional Director as specified in the Auxiliary Standard Operating Procedure (SOP) and forwarded to the Auxiliary Program Office.

Please attach any and all copies of documentation or commendations from a Member's personnel file to further support the nomination.

Nominee Informati	on										
Last name				First name							
Identification number				Rank				Unit			
Detachment				Region				Date of appointment (yyyy/mm/dd)			
Submitted by											
Last name				First name					Identification number		
Supporting information clippings)	- pro	vide syn	opsis o	f incident/oc	 currence	e (attach a copy o	of rela	ted reports	, statem	ents, and/or newspaper	
Type of award									Date submitted (yyyy/mm/dd)		
Auxiliary Unit Com	ıma	nder									
Identification number Last name							First	st name			
Rank			Comm	nents							
Nomination supported Signatur  ☐ Yes ☐ No			e Field				Date (yyyy/mm/dd)				
 Auxiliary Regional	Dir	ector									
Identification number Last name		t name				First name					
Rank			Comm	nents							
Nomination supported Signatu		re Field						Dat	Date (yyyy/mm/dd)		
Yes No	Off	ioo Poi	nroco	ntativo							
Auxiliary Program  Last name	OII	ice Ke	prese	nialive	First na					Dadge number	
Lasi ilaliit						ame				Badge number	
Rank			Comm	nents							
Nomination supported		Signatui	re Field						Dat	te (yyyy/mm/dd)	
☐ Yes ☐ No											

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