

PERSONAL AWARD RECOMMENDATION

**ENSURE ALL BLOCKS ARE FILLED IN, SIGNED AND DATED.
COMPLETE MAILING ADDRESSES ARE REQUIRED**

FROM: ADDRESS:		TO: (Awarding Authority) ADDRESS: UIC/RUC:					
COMMAND POC:		PHONE #:	14. EXP. OF ACTIVE DUTY IF RETIREMENT/SEPARATION, NUMBER OF YEARS				
1. SOCIAL SECURITY NUMBER	2. DESIG/NEC/MOS		15. EST. DETACHMENT DATE				
3. NAME (Last, first, MI)		<input type="checkbox"/> RETIREMENT <input type="checkbox"/> TRANSFER <input type="checkbox"/> TERMINAL LEAVE					
4. COMPONENT (USN, USMC, etc.)		16. NEW DUTY STATION (Home address if separation anticipated)					
		ADDRESS:					
5. GRADE/RATE		17. UNIT AT TIME OF ACTION/SERVICE		18. DUTY ASSIGNMENT			
6. WARFARE DESIGNATOR		7. UIC/RUC:		19. PREVIOUS PERSONAL DECORATIONS AND PERIOD RECOGNIZED (exclude Purple Heart and Combat Action Ribbon)			
8. RECOMMENDED AWARD (See instruction #3 on back)		9. SPECIFIC ACHIEVEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO					
10. <input type="checkbox"/> HEROIC <input type="checkbox"/> MERITORIOUS <input type="checkbox"/> HEROIC POSTHUMOUS <input type="checkbox"/> MERITORIOUS POSTHUMOUS <input type="checkbox"/> MIA							
11. NUMBER OF AWARD OF RECOMMENDED MEDAL			20. PERSONAL AWARDS RECOMMENDED - NOT YET APPROVED				
12. ACTION DATE/MERITORIOUS PERIOD			21. OTHER PERSONNEL BEING RECOMMENDED FOR SAME ACTION				
13. GEOGRAPHIC AREA OF ACTION/SERVICE							
22. I certify that the facts contained in the summary of action are <input type="checkbox"/> known to me <input type="checkbox"/> a matter of record							
NAME, GRADE, TITLE OF ORIGINATOR			SIGNATURE		DATE		
23. FORWARDING ENDORSEMENTS BY VIA ADDRESSEE(S). (Attach additional sheets only as necessary)							
VIA	COMMAND (To be completed by originator)	RECOMMENDED AWARD	COMBAT "V"	SIGNATURE, GRADE		DATE FWD	
1			<input type="checkbox"/> YES <input type="checkbox"/> NO				
2			<input type="checkbox"/> YES <input type="checkbox"/> NO				
3			<input type="checkbox"/> YES <input type="checkbox"/> NO				
24. TO BE COMPLETED BY AWARDING AUTHORITY							
DISPOSITION OF BASIC RECOMMENDATION		COMBAT "V"	EXTRAORDINARY HEROISM RECOMMENDED		SIGNATURE, GRADE, TITLE		DATE APPROVED
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
FOR USE OF NDBDM ONLY							
DATE:							
1. Extraordinary heroism recommended <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA							
2. Reviewed and recorded							
By direction _____							

INSTRUCTIONS

1. Before completing this form see SECNAVIST 1650.1F
 2. The Summary of Action (item 24) is requested *(except for Command approved NAMS)*. In addition attach a double spaced proposed citation.
 3. Two (2) letter codes to be used in blocks 8, 19, 20, 23 and 24
- | | | |
|--|---|---------------------------------------|
| MH - Medal of Honor | NM - Navy & Marine Corps Medal | JC - Joint Service Commendation Medal |
| NX - Navy Cross | BS - Bronze Star | NC - Navy Commendation Medal |
| DM - Distinguished Service Medal | BV - Bronze Star with V | CV - Navy Commendation Medal with V |
| SS - Silver Star | PH - Purple Heart Medal | JA - Joint Service Achievement Medal |
| LM - Legion of Merit | MM - Meritorious Service Medal | NA - Navy Achievement Medal |
| LV - Legion of Merit with V | AS - Air Medal - Strike/Flight | NV - Navy Achievement Medal with V |
| DX - Distinguished Flying Cross | AF - Air Medal - Individual Action | CR - Combat Action Ribbon |
| DV - Distinguished Flying Cross with V | AH - Air Medal - Individual Action with V | |

25. SUMMARY OF ACTION *(not required for Command approved NAMS)*