The 25th Annual TOP COPS Awards® Ceremony

Requirements: All nominees must meet the following requirements in order to be considered.

- Nominee(s) must be a sworn law enforcement officer from any federal, state, county or local law enforcement agency within the United States, its territories and possessions.
- Nomination must be submitted by a sworn law enforcement officer, who must provide his/her signature in the space designated below, certifying the facts as accurate.
- Nomination must involve an incident or case occurring or concluding between January 1, 2017 and December 31, 2017.

Instructions:

Please write a short essay on why your nominee should be considered for a 2018 TOP COPS Award®. This essay should be composed specifically for consideration of a 2018 TOP COPS Award® on a separate sheet of paper. Remember to be as specific as possible with references to dates, events, etc. In addition, you will need to complete the areas below and attach this form to your essay. We encourage you to send additional information in support of your nominee: newspaper articles, police reports and video all help our judges in their decision making process. Kindly send your package by January 12, 2018 to:

The Twenty-fifth Annual TOP COPS Awards®
National Association of Police Organizations, Inc.
317 South Patrick Street, Alexandria, Virginia 22314

Nominee:
Title: ________________________________________________________________
Full Name: __________________________________________________________
Department: __________________________________________________________
Work Street Address: _________________________________________________
City, State and Zip: ___________________________________________________
Telephone (W): __________________ Telephone (Cell): __________________
E-mail: ____________________________________________________________

Nominator:
Title: ________________________________________________________________
Full Name: __________________________________________________________
Department: __________________________________________________________
Work Street Address: _________________________________________________
City, State and Zip: ___________________________________________________
Telephone (W): __________________ Telephone (Cell): __________________
E-mail: ____________________________________________________________
Signature: ___________________________________________________________