

RECOMMENDATION FOR AWARD OF CALIFORNIA STATE MILITARY RESERVE RIBBONS

1. TO:	2. FROM:	3. DATE:
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PART A – PERSONAL DATA

4. BRANCH OF SERVICE: <input type="checkbox"/> ARNG <input type="checkbox"/> ANG <input type="checkbox"/> SMR <input type="checkbox"/> CIVILIAN <input type="checkbox"/> OTHER		
5. RECOMMENDED AWARD: <input type="checkbox"/> SMRTER <input type="checkbox"/> SMREER <input type="checkbox"/> SMRRAR <input type="checkbox"/> SMRPDR <input type="checkbox"/> SMRMQR <input type="checkbox"/> SMRETR <input type="checkbox"/> SMROSR <input type="checkbox"/> SMRVSR <input type="checkbox"/> SMRDAR ____ DEVICE	6. REASON: <input type="checkbox"/> ACH <input type="checkbox"/> SVC <input type="checkbox"/> PCS <input type="checkbox"/> ETS <input type="checkbox"/> RET	
7. PERIOD OF AWARD		8. POSTHUMOUS? <input type="checkbox"/> YES <input type="checkbox"/> NO
a. FROM:		9. PROPOSED PRESENTATION DATE:
b. TO:		
10a. NAME (Last, First, Middle):	b. RANK:	c. SSN:
d. DUTY POSITION / TITLE:		e. ORGANIZATION:
f. PREVIOUS AWARDS:		
11. RECOMMENDER		
a. NAME:	b. TITLE / POSITION:	c. SIGNATURE:
		d. RANK:
e. ADDRESS:		

PART B – JUSTIFICATION AND CITATION DATA (Use Specific Bullet Examples of Meritorious Acts, Service, or Achievements)

12. JUSTIFICATION (use additional sheets if necessary):

PART C – ELIGIBILITY

13. CERTIFICATION OF ELIGIBILITY AND DATA	
I certify that this individual is eligible for this award in accordance with AR 600-8-2; or does not have disciplinary action pending and that the information contained in Part A is correct.	a. SIGNATURE: _____
	b. DATE: _____

PART D - RECOMMENDATIONS / APPROVAL / DISAPPROVAL

14. APPROVAL AUTHORITY		
a. NAME:	b. TITLE / POSITION:	c. SIGNATURE:
		d. RANK:
e. APPROVED DISAPPROVED UPGRADE TO: _____	DOWNGRADE TO: _____	
f. DATE: _____		
g. COMMENTS:		

PART E - ORDERS DATA

15a. ORDERS ISSUING HEADQUARTERS:	b. PERMANENT ORDER NUMBER:	d. APPROVED AWARD:
	c. DATE:	
16a. NAME OF ORDERS APPROVAL AUTHORITY:	b. TITLE / POSITION:	17. DISTRIBUTION:
c. SIGNATURE:	d. DATE:	e. RANK: