The American Legion Department of Louisiana

2024-2025 Application Form

Law Enforcement Officer of the Year

Date:

Name: Sex:

Home Address: Phone:

City & State: Zip: Cell:

Age: Marital Status: Spouse’s Name:

Length of Service as a Lawman:

Agency Name:

Agency Chief: Title:

Nominee’s Supervisor: Title:

Agency Address: Phone:

City & State: Zip:

How has this individual distinguished themselves from other individuals in the department?

How has this individual shown leadership abilities to motivate others to benefit the department? How has the individual made a significant positive impact in the community?

List any additional factors in support of the individual.

I do hereby certify this candidate to be the nominee for Lawman of the Year for Post , District

 , Department of Louisiana, American Legion.

X

Signature of Post Commander

I do hereby certify this candidate to be the nominee for Lawman of the Year for District , Department of Louisiana, American Legion.

X

Signature of District Commander

**April 15, 2025 due from District to Department Chairperson for consideration**.