

Ohio Gas Association  
200 Civic Center Drive, Suite 110  
Columbus, Ohio 43215

Application for Award of Merit

1. Name of employee (nominee) \_\_\_\_\_
2. Residence address of employee \_\_\_\_\_  
\_\_\_\_\_
3. Occupation \_\_\_\_\_
4. Length of service \_\_\_\_\_
5. Employing company name \_\_\_\_\_  
address \_\_\_\_\_  
\_\_\_\_\_
6. Place service rendered \_\_\_\_\_
7. Date of service \_\_\_\_\_
8. Time service was rendered \_\_\_\_\_
9. Attach specific details of service rendered using the following guidelines
  - a. Specific details of occurrence
  - b. On or off duty
  - c. Sketches with measurements (if necessary)
  - d. Photographs (identified)
  - e. Time spent aiding victim, time between events
  - f. Physical location where event occurred (i.e., in water, on equipment, etc.)

