

DECORATION ELIGIBILITY CHECKLIST

ACTION # _____

DATE RECEIVED: _____

NAME: _____

UNIT: _____

Narrative reviewed by DA/DP for criteria elements

**DA/DP
Eval**

EXCEPTIONAL SERVICE AWARD:

- 1 - Exceptionally outstanding service to CAP of great responsibility while serving in any capacity with CAP..
- 2 - Duty should carry ultimate responsibility for the successful operation of a Region or Wing or major project within Region of Wing.
- 3 - Discharge of the duty must involve acceptance and fulfillment of the obligation so as to greatly benefit the Region or Wing.

MERITORIOUS SERVICE AWARD:

- 1 - Outstanding achievement rendered entirely on behalf of the CAP (Superior performance of normal duties does not constitute meritorious service).
- 2 - Clearly outstanding and unmistakably exceptional when compared against peers.
- 3 - Where many members are involved in a project, did this members contribution stand out from the others.

COMMANDER'S COMMENDATION:

- 1 - Outstanding duty performance where achievements services are clearly and unmistakably exceptional when compared to the achievements of his/her peers.
- 2 - Where many members are involved in a project, did this members contribution stand out from the others.

UNIT CITATION

- 1 - Exceptionally meritorious service or exceptionally outstanding achievement which clearly sets the unit above and apart from similar units:
- 2 a - Recognition of meritorious service should cover a period of at least 12 months in order to permit the recommending authority to consider simultaneously units with related missions, compare all the units within their wing or region, and select the truly outstanding unit meriting the award.

or

- b - Recognition of outstanding achievements intended to recognize a single specific act or notable accomplishment that is separate and distinct from the normal mission or regular function of the unit. The period of an outstanding achievement is normally short and characterized by definite beginning and ending dates.

REMARKS:

AWARD BOARD

DATE: _____

Approved

Disapproved

Chairman of Board	_____	_____
Board Member	_____	_____
Region Commander	_____	_____

REMARKS: