



NC Department of Public Safety State of NC Awards Request

Nominator/Requester:

First Name: _____ Last Name: _____

Employer/Agency Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Certificate Requested:

Order of the Long Leaf Pine – 30 years of exemplary service to the State and community
(Include a brief bio and letter of recommendation with this request)

Old North State Award – 20 years of service to the State
(Include a brief bio with this request)

Certificate of Appreciation – Less than 20 years of service to the State
(Include a brief bio with this request)

Nominee:

Name as it should appear on the certificate: _____

Date to appear on certificate: _____

Total years of service to the State: _____

Details of the nominee’s service and why the nominee is being honored:

Presentation:

Presentation Date: _____ Presentation Event: _____

Who will present the Certificate? _____

Department Approvals:

Manager Signature Approval Date

Chief Deputy Secretary Signature Approval Date

Submission to Governor’s Office (Secretary Designee) Date