



Ordnance Order of Samuel Sharpe Nomination (revised 07/2023)

Please mail or Email the below form to:

U.S. Army Ordnance Corps Association
P.O. Box 5251
Fort Gregg-Adams, Virginia 23801
Telephone # 804-733-5596
Email: usaoca@usaocaweb.org

Submission Instructions:

Submissions must be received SEVEN weeks prior to the presentation date
Complete and print/email below nomination form
Submit through chain of command for required signatures
Mail/Email nomination form with correct payment
Confirm receipt of nomination form 7 days after submission
All awards are mailed to the nominator unless otherwise specified!

NOMINEE

(Must be a member of the Ordnance Corps Association)

NAME:

Address:

Rank /MOS/Title:

City:

Organization:

State:

Email address:

OCA Member #:

NOMINATOR

(Must be a Samuel Sharpe recipient and a member of the Ordnance Corps Association)

NAME: _____

Address: _____

Rank/MOS/Title: _____

City: _____

Organization: _____

State: _____

Work Phone: _____

Email address: _____

OCA Member #

Signature:

ENDORSER

NAME: _____

Rank /Title: _____

Organization: _____

Email address: _____

Signature: _____ **Ordnance Corps Hall of Fame Member**

(BN CDR/GS-14 Equivalent or above)

APPROVAL AUTHORITY

NAME: _____

Rank /Title: _____

Organization: _____

Signature: _____

(USAOCA President)



Ordnance Order of Samuel Sharpe Nomination Form



Discuss Nominee's Time in Corps

Discuss Nominee's Level of Responsibility

Discuss Nominee's Complexity/Difficulty of Positions Served

Discuss Nominee's Impact/ Contributions to the Corps

Discuss Nominee's Sacrifice in Service to the Corps and the Nation



Ordinance Order of Samuel Sharpe Nomination Payment Method

Please check one of the following Payment Methods

I have enclosed a Check / Money Order for the amount of:

Make Check / Money Orders payable to: USAOCA

Please charge my: _____ for: _____

Credit Card number: _____ Expiration Date: _____ / _____

Code number: _____ (3 digit code located on the back of credit card)
(we must have credit card code for processing)

Name on the Credit Card: _____

SIGNATURE: _____ DATE: _____

Your signature is required for Credit Card purchases