



# Ordnance Order of Samuel Sharpe Nomination (revised 10/2022)

**Please mail or fax the below form to:**

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

**Submission Instructions:**

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!!**

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**NOMINEE**

**NAME:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Rank /MOS/Title:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Organization:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

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**NOMINATOR**

**NAME:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Rank/MOS/Title:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Organization:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

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**ENDORSER**

**NAME:** \_\_\_\_\_  
**Rank /Title:** \_\_\_\_\_  
**Organization:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
(BN CDR or GS-14 Equivalent)

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**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

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

Make Check / Money Orders payable to: USAOCA

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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*