

Appendix 2

Labor Professional Medal Application Statement Form

Date of Form Completion: _____ (Month) ____ (Day), _____ (Year)

Name		Gender		Birth Date	
National ID No. (Passport No.)		Nationality			
Contact Method	Phone/Mobile No.: E-mail: Mailing Address:				
Service Office (Agency)				Professional Title	
Medal Grade	<input type="checkbox"/> 1st Grade <input type="checkbox"/> 2nd Grade <input type="checkbox"/> 3rd Grade				
Regulations of Applicable Medal	Paragraph ○, Article 2 of the Regulations for the Bestowment of Professional Medal by the Ministry of Labor				
Achievement Details					
Credentials					
Evaluation by the recommending agencies (institutions), unit supervisors, business entities, or organizations.	Title of Supervisor or Responsible Person	Comments	Signature/Seal of Supervisor or Responsible Person	Date	
				_____ (Month) ____ (Day), ____ (Year)	
Note					

Instructions:

- Two copies of this form shall be filled out by the recommending agency (institution), unit, business entity, or organization to relate the facts which merit the award.
- Please specify the applicable paragraph under Article 2 of this Regulation in the “Regulations of Applicable Medal” field.
- Please detail the specific circumstances of the individual in the “Achievement Details” field.
- For supplementary credentials, please attach a “Police Criminal Record Certificate” and a document certifying the disciplinary-free status of the intended recipient issued by the recommending agency (institution).