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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. MEMBER’S INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Regular Force** | | | | |  | | **Reserve Force** | | | | | | | |  | | | **Associate Member** | | | | | | | | | |
| **Surname** | | | | | | | | | | **Given Names** | | | | | | | | | | | | | | | | | | |
| **SN** | | | | | **Rank** | | | | | **Badge #** | | | | | | | | **CFMPA Graduation Date** (D/M/Y) | | | | | | | | | | |
| **Current Unit** | | | | | | | | | | **Base/Location** | | | | | | | | | | | | | | | | | | |
| **Did the Member RETIRE or RELEASE from the CF?** (Check one box only) | | | | | | | | | | |  | **RETIRE** | | | | | | | |  | | **RELEASE** | | | | | | |
| **ANNUITY:** Is the member receiving a monthly annuity, either Medical or Pension? | | | | | | | | | | |  | **YES** | | | | |  | | | **NO** | | | | | | | | |
| **RELEASE ITEM:**  Did the member release Honourably from the CF? | | | | | | | | | | |  | **YES** | | | | |  | | | **NO** | | | | | **Release Item?** | | |  |
| **B. ENGRAVING INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Name:** | | | | | | | | | | **Last Name:** | | | | | | | | | | **Initials:** | | | | | | | | |
| **Rank (In full)** | | | | | | | | | | | | | | **Post Nominals (MMM, CD, etc)** | | | | | | | | | | | | | | |
| **CF Enrollment Date** | | | | **day/month/year** | | | | | | **Release / Retirement Date day/month/year** | | | | | | | | | | | | | | | | | | |
| **C. BADGE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Every effort will be done to have the member’s latest MP badge mounted inside the shadow box. If the badge is not available, a replica badge may be used in its place and will be inscribed with either “**Retired**” or “**Veteran**” in place of a badge number. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the latest badge is not available, the member will take? | | | | | | | | | | | | |  | | **Veteran**  *No Annuity* | | | | | |  | | | **Retired**  *Annuity* | |  | **Refund**  *Will be issued* | |
| **D. DELIVERY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Departure gift is to be mailed to: | | | | | | | | |  | **DWD Coordinator** | | | | | | | |  | | **Member** | | | | | | | | |
| **DWD Coordinator Info** (If Applicable) | | | | | **Rank** | | | | | **Name** | | | | | | | | | | | | | **Unit** | | | | | |
| **Mailing Address**  Provide the address the departure gift is to be mailed to. Use a Canada Post mailing address as the gift is mailed via Canada Post Expeditated Parcel Service. A tracking number will be provided to the email address provided below once the gift is sent. A signature will be required to receive the parcel. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Example Address  **Sgt I.M. Good**  **CFMPA**  **PO Box 1000**  **Bordon, ON, L0M 1C0** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Telephone:** | | | | | | | **Email:** | | | | | | | | | | | | | | | | | | | | | |
| **E. ACKNOWLEDGEMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Initials** | | **Acknowledgements** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I acknowledge that the plaque will be engraved letter for letter from the information provided in **Part B** and, should there be a mistake in the provided information, I am responsible for the costs of a replacement engraved plate.  Post Nominals have been checked and are in the correct order. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I acknowledge that, if more than one badge number was issued to the member, the departure gift will contain only the most recent MP Badge. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I acknowledge that, if there has been a delay from the member’s (my) last day of service until this request, the member’s original badge may not be available. If that is the case, I will be contacted by a CMPA representative and offered a **RETIRED** or **VETERAN** badge (depending if member retired or released). If I choose not to accept this offer, the departure gift purchase from the MP Kit Shop will be refunded. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I authorize CMPA to contact the MP Credential Coordinator and request the member’s (my) badge and that CMPA can only proceed with badges received solely from the MP Credential Coordinator. I acknowledge that the member’s credentials must not be suspended or in the process of being suspended, and if suspended, the matter shall be referred to the suspension authority by the member’s chain of command for permission to release the badge to the CMPA If the badge is not released due for any reasons, the departure gift purchase from the MP Kit Shop will be refunded and the onus is upon the member to resolve any disputes with the MP Credential Coordinator. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I acknowledge that any CMPA dues that are in arrears, must be paid before the CMPA Departure Gift is provided. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I acknowledge that CMPA will make every reasonable effort to ensure the departure gift is received in time for any DWD ceremony, in most cases within 45 days, however, factors such as the availability of the badge and availability of the CMPA volunteers may impact upon this time line. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **F. CHECKLIST** *To help with prompt delivery, here is a checklist to assist you* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Check** | | | | **Action** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Purchase Departure Gift from [**www.mpkitshop.ca**](http://www.mpkitshop.ca) (Item CMPA-002) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Return MP Credentials to J7 MP Credential Coordinator through Chain of Command.  *(No CMPA action will take place until the Credential Coordinator confirms your badge is available!)* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Complete this form, ensuring all the information is complete and accurate | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **PART B** Ensure the Spelling and Post Nominals (if applicable) are error free and in the correct order. The Dates are written out as per the example (**02 March 2018**) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Email this form and copy of your MP Kit Shop Invoice to [cmpadeparturegift@gmail.com](mailto:cmpadeparturegift@gmail.com?subject=Departure%20Gift%20Request) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **G. SUBMISSION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Once completed, email this form to [cmpadeparturegift@gmail.com](mailto:cmpadeparturegift@gmail.com?subject=Departure%20Gift%20Request) with a copy of the MP Kit shop Invoice showing that the Departure gift has been paid. No Departure Gift will be prepared until both documents are received by the Coordinator. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

By signing, I certify that the information above is correct, and that a Departure Gift from the CMPA has **NOT** previously received.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**