Department of Veterans Affairs

CERTIFICATION OF APPEAL

1A. NAME OF APPELLANT *(If other than veteran)*	1B. RELATIONSHIP TO VETERAN	2. FILE NO.
3. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN		4. INSURANCE FILE NO. OR LOAN NO. *(If pertinent)*

THE APPEAL IS FOR ***(State the question(s) at issue clearly and concisely.)***

5A. SERVICE CONNECTION FOR	5B. DATE OF NOTIFICATION OF ACTION APPEALED
6A. INCREASED RATING FOR	6B. DATE OF NOTIFICATION OF ACTION APPEALED
7A. OTHER	7B. DATE OF NOTIFICATION OF ACTION APPEALED

8A. APPELLANT REPRESENTED IN THIS APPEAL BY *(Name of organization, attorney or agent)*

8B. ONE OF THE FOLLOWING IS ON FILE AS AUTHORITY FOR RECOGNIZING SUCH REPRESENTATIVE IN THIS APPEAL

- ☐ POWER OF ATTORNEY *(VA Form 21-22 or VA Form 21-22a)*
- ☐ CERTIFICATION THAT VALID POWER OF ATTORNEY IS IN ANOTHER VA FILE *(If so, specify file)*

8C. IF AGENT DESIGNATED, IS HE/SHE ON ACCREDITED LIST?

☐ YES ☐ NO

9A. IF REPRESENTATIVE IS SERVICE ORGANIZATION, IS VA FORM 646, OR EQUIVALENT, OF RECORD? ☐ YES ☐ NO	9B. IF VA FORM 646 IS NOT OF RECORD, EXPLAIN
10A. WAS HEARING REQUESTED? ☐ YES ☐ NO	10B. IF HELD, IS TRANSCRIPT IN FILE? ☐ YES ☐ NO

10C. IF REQUESTED BUT NOT HELD, EXPLAIN

11A. ARE CONTESTED CLAIMS PROCEDURES APPLICABLE IN THIS CASE? ☐ YES ☐ NO *(If "YES," complete item 11B).*	11B. HAVE THE REQUIREMENTS OF 38 U.S.C. 7105a BEEN FOLLOWED? ☐ YES ☐ NO
12A. DATE STATEMENT OF THE CASE FURNISHED	12B. SUPPLEMENTAL STATEMENT OF THE CASE ☐ REQUIRED AND FURNISHED ☐ NOT REQUIRED

13. RECORDS TO BE FORWARDED TO BOARD OF VETERANS' APPEALS

☐ CF OR XCF	☐ R&E F	☐ LOAN GUAR. F	☐ OUTPATIENT F	☐ X-RAYS
☐ INACTIVE CF	☐ TRAINING SUB-F	☐ INSURANCE F	☐ HOSPITAL COR.	☐ SLIDES
	☐ DEP. ED. F *(Ch. 35)*	☐ DENTAL F	☐ CLINICAL REC.	☐ TISSUE BLOCKS

☐ OTHER *(Specify)*

14. REMARKS *(Continue on reverse)*

CERTIFICATION: It is hereby certified that all material evidence is of record, that all contentions advanced by and on behalf of the appellant have been considered under all pertinent laws, and the issues determined.

15. NAME AND LOCATION OF CERTIFYING OFFICE	16. ORGANIZATIONAL ELEMENT CERTIFYING APPEAL	
17A. SIGNATURE OF CERTIFYING OFFICIAL	17B. TITLE	17C. DATE
18A. SIGNATURE OF MEDICAL MEMBER *(Insurance use only)*	18B. TITLE	18C. DATE

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CERTIFICATION OF APPEAL

14. REMARKS *(Continue from front page)*