



**VA DATE STAMP
 (DO NOT WRITE IN THIS SPACE)**

**APPOINTMENT OF VETERANS SERVICE ORGANIZATION
 AS CLAIMANT'S REPRESENTATIVE**

IMPORTANT: Please read the Privacy Act and Respondent Burden Information on Page 3 before completing the form.

NOTE: If you prefer to have an individual assist you with your claim instead of a veterans service organization, please complete VA Form 21-22a, *Appointment of Individual as Claimant's Representative*. See Page 4 for information on how to submit the completed form, either by mail, in person at a VA regional office or electronically. VA forms are available at www.va.gov/vaforms.

SECTION I: VETERAN'S INFORMATION

NOTE: You can *either* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.

1. VETERAN'S NAME (*First, Middle Initial, Last*)

2. VETERAN'S SOCIAL SECURITY NUMBER (*SSN*)

3. VA FILE NUMBER (*If applicable*)

4. VETERAN'S DATE OF BIRTH (*MM/DD/YYYY*)

Month Day Year

5. VETERAN'S SERVICE NUMBER (*If applicable*)

6. INSURANCE NUMBER(S) (*If applicable*) (*Include letter prefix*)

7. VETERAN'S MAILING ADDRESS (*Number and street or rural route, P.O. Box, City, State, ZIP Code and Country*)

No. &
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

—

8. VETERAN'S TELEPHONE NUMBER (*Include Area Code*)

9. VETERAN'S EMAIL ADDRESS (*Optional*)

SECTION II: CLAIMANT'S INFORMATION (*If other than veteran*)

10. CLAIMANT'S NAME (*First, Middle Initial, Last*)

11. CLAIMANT'S MAILING ADDRESS (*Number and street or rural route, P.O. Box, City, State, ZIP Code and Country*)

No. &
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

—

12. CLAIMANT'S TELEPHONE NUMBER (*Include Area Code*)

13. CLAIMANT'S EMAIL ADDRESS (*Optional*)

14. RELATIONSHIP TO VETERAN

SECTION III: SERVICE ORGANIZATION INFORMATION

15. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (*See list on Page 3 before selecting organization*)

16A. NAME OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 15 (*This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization*)

16B. JOB TITLE OF PERSON NAMED IN ITEM 16A

17. EMAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 15

18. DATE OF THIS APPOINTMENT (*MM/DD/YYYY*)

RECOGNIZED SERVICE ORGANIZATIONS

Membership in an organization is not a prerequisite to appointment of the organization as claimant's representative.

The following is a listing of national, regional, or local organizations recognized by the Secretary of Veterans Affairs in the preparation, presentation, and prosecution of claims under laws administered by the Department of Veterans Affairs.

- | | |
|--|--|
| African American PTSD Association | National Association of County Veterans Service Officers, Inc. |
| American Legion | National Association for Black Veterans, Inc. |
| American Red Cross | National Veterans Legal Services Program |
| AMVETS | National Veterans Organization of America |
| American Ex-Prisoners of War, Inc. | Navy Mutual Aid Association |
| American GI Forum, National Veterans Outreach Program | Paralyzed Veterans of America, Inc. |
| Armed Forces Services Corporation | Polish Legion of American Veterans, U.S.A. |
| Army and Navy Union, USA | Swords to Plowshares, Veterans Rights Organization, Inc. |
| Associates of Vietnam Veterans of America | The Retired Enlisted Association |
| Blinded Veterans Association | The Veterans Assistance Foundation, Inc. |
| Catholic War Veterans of the U.S.A. | The Veterans of the Vietnam War, Inc. & The Veterans Coalition |
| Disabled American Veterans | United Spanish War Veterans of the United States |
| Fleet Reserve Association | United Spinal Association, Inc. |
| Gold Star Wives of America, Inc. | Veterans of Foreign Wars of the United States |
| Italian American War Veterans of the United States, Inc. | Veterans of World War I of the U.S.A., Inc. |
| Jewish War Veterans of the United States | Vietnam Era Veterans Association |
| Legion of Valor of the United States of America, Inc. | Vietnam Veterans of America |
| Marine Corps League | West Virginia Department of Veterans Assistance |
| Military Officers Association of America (MOAA) | Wounded Warrior Project |
| National Amputation Foundation, Inc. | |

Although agency titles vary, the following States and possessions maintain veterans service agencies which are recognized to present claims:

Alabama	Hawaii	Minnesota	North Dakota	Tennessee
American Samoa	Idaho	Mississippi	Northern Mariana Islands	Texas
Arizona	Illinois	Missouri	Ohio	Utah
Arkansas	Iowa	Montana	Oklahoma	Vermont
California	Kansas	Nebraska	Oregon	Virginia
Colorado	Kentucky	Nevada	Pennsylvania	Virgin Islands
Connecticut	Louisiana	New Hampshire	Puerto Rico	Washington
Delaware	Maine	New Jersey	Rhode Island	West Virginia
Florida	Maryland	New Mexico	South Carolina	Wisconsin
Georgia	Massachusetts	New York	South Dakota	Wyoming
Guam	Michigan	North Carolina		

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, the requested information is considered relevant and necessary to recognize a service organization as your representative and/or identify disclosable records. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to recognize the service organization you name to act on your behalf in the preparation, presentation, and prosecution of claims for VA benefits (38 U.S.C. 5902). We will also use the information to identify any VA records that we may disclose to the service organization (38 U.S.C. 5701(b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

WHERE TO SEND YOUR WRITTEN CORRESPONDENCE

Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit www.va.gov/disability/upload-supporting-evidence. You can also go directly to access.va.gov to digitally upload any correspondence using Direct Upload.

By visiting www.va.gov you can also check your claims status and learn about other VA benefits.

If you need assistance, you can find a local, accredited representative at <https://www.benefits.va.gov/vso/>.

If you prefer to mail your correspondence, please use the related mailing address below.

COMPENSATION CLAIMS	PENSION & SURVIVORS BENEFIT CLAIMS
Department of Veterans Affairs Evidence Intake Center PO Box 4444 Janesville, WI 53547-4444	Department of Veterans Affairs Pension Intake Center PO Box 5365 Janesville, WI 53547-5365
FIDUCIARY	BOARD OF VETERANS' APPEALS
Department of Veterans Affairs Fiduciary Intake PO Box 95211 Lakeland, FL 33804-5211	Department of Veterans Affairs Board of Veterans' Appeals PO Box 27063 Washington, DC 20038

These addresses serve **all United States and foreign locations.**