



CERTIFICATION OF APPEAL

1A. NAME OF APPELLANT <i>(If other than veteran)</i>		1B. RELATIONSHIP TO VETERAN	2. FILE NO.															
3. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN			4. INSURANCE FILE NO. OR LOAN NO. <i>(If pertinent)</i>															
THE APPEAL IS FOR <i>(State the question(s) at issue clearly and concisely.)</i>																		
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 <i>(Name of organization, attorney or agent)</i>																		
8B. ONE OF THE FOLLOWING IS ON FILE AS AUTHORITY FOR RECOGNIZING SUCH REPRESENTATIVE IN THIS APPEAL <input type="checkbox"/> POWER OF ATTORNEY <i>(VA Form 21-22 or VA Form 21-22a)</i> <input type="checkbox"/> CERTIFICATION THAT VALID POWER OF ATTORNEY IS IN ANOTHER VA FILE <i>(If so, specify file)</i>			8C. IF AGENT DESIGNATED, IS HE/SHE ON ACCREDITED LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO															
9A. IF REPRESENTATIVE IS SERVICE ORGANIZATION, IS VA FORM 646, OR EQUIVALENT, OF RECORD? <input type="checkbox"/> YES <input type="checkbox"/> NO		9B. IF VA FORM 646 IS NOT OF RECORD, EXPLAIN																
10A. WAS HEARING REQUESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		10B. IF HELD, IS TRANSCRIPT IN FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO																
10C. IF REQUESTED BUT NOT HELD, EXPLAIN																		
11A. ARE CONTESTED CLAIMS PROCEDURES APPLICABLE IN THIS CASE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," complete item 11B).</i>		11B. HAVE THE REQUIREMENTS OF 38 U.S.C. 7105a BEEN FOLLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO																
12A. DATE STATEMENT OF THE CASE FURNISHED		12B. SUPPLEMENTAL STATEMENT OF THE CASE <input type="checkbox"/> REQUIRED AND FURNISHED <input type="checkbox"/> NOT REQUIRED																
13. RECORDS TO BE FORWARDED TO BOARD OF VETERANS' APPEALS <table border="0"><tr><td><input type="checkbox"/> CF OR XCF</td><td><input type="checkbox"/> R&E F</td><td><input type="checkbox"/> LOAN GUAR. F</td><td><input type="checkbox"/> OUTPATIENT F</td><td><input type="checkbox"/> X-RAYS</td></tr><tr><td><input type="checkbox"/> INACTIVE CF</td><td><input type="checkbox"/> TRAINING SUB-F</td><td><input type="checkbox"/> INSURANCE F</td><td><input type="checkbox"/> HOSPITAL COR.</td><td><input type="checkbox"/> SLIDES</td></tr><tr><td><input type="checkbox"/> OTHER <i>(Specify)</i></td><td><input type="checkbox"/> DEP. ED. F <i>(Ch. 35)</i></td><td><input type="checkbox"/> DENTAL F</td><td><input type="checkbox"/> CLINICAL REC.</td><td><input type="checkbox"/> TISSUE BLOCKS</td></tr></table>				<input type="checkbox"/> CF OR XCF	<input type="checkbox"/> R&E F	<input type="checkbox"/> LOAN GUAR. F	<input type="checkbox"/> OUTPATIENT F	<input type="checkbox"/> X-RAYS	<input type="checkbox"/> INACTIVE CF	<input type="checkbox"/> TRAINING SUB-F	<input type="checkbox"/> INSURANCE F	<input type="checkbox"/> HOSPITAL COR.	<input type="checkbox"/> SLIDES	<input type="checkbox"/> OTHER <i>(Specify)</i>	<input type="checkbox"/> DEP. ED. F <i>(Ch. 35)</i>	<input type="checkbox"/> DENTAL F	<input type="checkbox"/> CLINICAL REC.	<input type="checkbox"/> TISSUE BLOCKS
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14. REMARKS <i>(Continue on reverse)</i>																		
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 <i>(Insurance use only)</i>		18B. TITLE	18C. DATE															



14. REMARKS *(Continue from front page)*