



## CERTIFICATION OF APPEAL

1A. NAME OF APPELLANT (If other than veteran).		1B. RELATIONSHIP TO VETERAN	2. FILE NUMBER
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 left shoulder disability		5B. DATE OF NOTIFICATION OF ACTION APPEALED 04-30-09	
6A. INCREASED RATING FOR DJD, lumbar spine in excess of 20% from 6-27-08 to 4-16-09; in excess of 10% from 5-14-10 to 9-4-11; in excess of 10% from 9-11-12 to 9-30-13 and in excess of 20% from 09-30-13		6B. DATE OF NOTIFICATION OF ACTION APPEALED 06-17-10	
7A. OTHER		7B. DATE OF NOTIFICATION OF ACTION APPEALED	
8A. APPELLANT REPRESENTED IN THIS APPEAL BY (Name of Organization, attorney, or agent) Disabled American Veterans			
8B. ONE OF THE FOLLOWING IS ON FILE AS AUTHORITY FOR RECOGNIZING SUCH REPRESENTATIVE IN THIS APPEAL <input checked="" type="checkbox"/> POWER OF ATTORNEY (VA Form 21-22 or VA Form 21-22a) <input type="checkbox"/> CERTIFICATION THAT VALID POWER OF ATTORNEY IS IN ANOTHER VA FILE (If so, specify the file)		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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9B. IF VA FORM 646 IS NOT OF RECORD, EXPLAIN	
10A. WAS HEARING REQUESTED? <input checked="" 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 BVA Travel Board hearing requested			
11A. ARE CONTESTED CLAIMS PROCEDURES APPLICABLE IN THIS CASE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES", complete item 11B).		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. 02-06-12		12B. SUPPLEMENTAL STATEMENT OF THE CASE <input checked="" type="checkbox"/> REQUIRED AND FURNISHED <input type="checkbox"/> NOT REQUIRED	
13. RECORDS TO BE FORWARDED TO BOARD OF VETERANS APPEALS			
<input type="checkbox"/> CF OR XCF <input type="checkbox"/> INACTIVE CF	<input type="checkbox"/> R&E F <input type="checkbox"/> TRANNG SUB-F <input type="checkbox"/> DEP. ED. F (Ch. 35)	<input type="checkbox"/> LOAN GUAR. F <input type="checkbox"/> INSURANCE F <input type="checkbox"/> DENTAL F	<input type="checkbox"/> OUTPATIENT F <input type="checkbox"/> HOSPITAL COR. <input type="checkbox"/> CLINICAL REC.
<input checked="" type="checkbox"/> OTHER (Specify) VBMS electronic file			
14. REMARKS (Continue on reverse) Ready for BVA Travel Board hearing Re-certification of remand, dated 11-26-14.			
<b>CERTIFICATION:</b> 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 VA Regional Office St. Louis, MO		16. ORGANIZATIONAL ELEMENT CERTIFYING APPEAL Veterans Service Center	
17A. SIGNATURE OF CERTIFYING OFFICIAL		17B. TITLE Decision Review Officer	17C. DATE 04-01-15
18A. SIGNATURE OF MEDICAL MEMBER (Insurance use only)		18B. TITLE	18C. DATE