

Contact Brief

National Headquarters 3725 Alexandria Pike Cold Spring, KY 41076 859-441-7300 Toll Free 877-426-2838 National Service and Legislative Headquarters 807 Maine Avenue SW Washington, DC 20024 202-554-3501

Select one:		
☐ Department/Chapter Service Office	☐ Hospital Service Coordinator	☐ Job Fair
☐ National Service Office	☐ Transition Service Office	☐ Information Seminar
Name		Date
Address	Home Phone ()	
City S	tate ZIP	Email
SS# Date of	Birth/ VA Cla	im #
DAV Member □ Yes □ No If Yes, M	embership #	% of Disability (s)
Branch of Service	EAD	RAD
Action Desired		
Action Taken		
Which National Service Office received		
How were they sent? ☐ Email ☐ Fa	x 🗆 Mail 🗆 CMS 🗆 Other	
How did you receive confirmation that	the NSO office recieved all documer	nts/requests?
VA Forms:		
□ 21-22 □ 21-0966 □ 21-526ez	: □ 20-0995 □ 20-0996 □	□ 21-4138 □ 21-686c □ 28-1900
Other Forms		
Prepared & Submitted By:	Received & Reviewed By:	
	Name and Title	

Instructions: Send the original with any necessary documentation to the DAV National Service Office located at the VA office where the veteran's records are maintained. This form should be completed in all cases where a service inquiry is taken and referred to the DAV National Service Office.

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