



## APPLICATION FOR ACCREDITATION AS A CLAIMS AGENT

**PRIVACY ACT INFORMATION:** The information requested on this form is solicited under Section 5904, Title 38, United States Code and Section 14.629(b) of Title 38, Code of Federal Regulations. It will enable VA to determine initial eligibility for accreditation as a claims agent to represent claimants before VA. Any information on this form may be disclosed outside VA only if authorized under the Privacy Act, including the routine uses identified in the VA system of records, 01VA022, Current and Former Accredited Representative, Claims Agent, and Representative and Claims Agent Applicant and Rejected Applicant Records--VA, published in the Federal Register. Routine disclosures may be made for the following purposes: civil or criminal law enforcement or investigation; congressional communications; communications relevant to the delivery of VA benefits; verification of identify and status; litigation conducted by the Department of Justice; and communication with employing entities and governmental licensing organizations concerning information relevant to employment or licensing of a prospective, present, or former claims agent. Providing the requested information is voluntary; however, failure to furnish information may delay or prevent action on the application.

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information send your comments to VA Clearance Officer (045), 810 Vermont Avenue, NW, Washington, D.C. 20420. Please do not send applications for accreditation to this address.

**INSTRUCTIONS:** Please insert the applicable personal and employment data, then read each question and provide complete answers to all questions that apply to you. If additional space is needed, please use item 13 on page three (3) of this application or attach a supplementary page(s). After providing all of the requested information, sign and date your application. Unsigned or incomplete applications will not be processed. Send completed applications to: Department of Veterans Affairs, Office of General Counsel (022A), 810 Vermont Avenue, NW, Washington, D.C. 20420. If initial eligibility is established you will be given written instructions for arranging to take the claims-agent examination. Denials of initial eligibility are final and are not subject to appeal, but applicants may reapply.

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. BUSINESS ADDRESS
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3. BRANCH OF SERVICE (*Check applicable boxes*)

ARMY    
  NAVY    
  AIR FORCE    
  MARINE CORPS    
  COAST GUARD    
  NON-VETERAN    
  OTHER (*Specify*)

4. LIST OF DATES OF ALL ACTIVE MILITARY SERVICE	5. CHARACTER OF DISCHARGE(S)
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**6A. EMPLOYMENT (*Provide information for past five years*)**

EMPLOYER ( <i>Include address and phone number</i> )	POSITION/TITLE	DATES	SUPERVISOR
1			
2			
3			

6B. HAVE YOU EVER HELD OFFICE OR BEEN EMPLOYED BY THE FEDERAL GOVERNMENT?  <input type="checkbox"/> YES <input type="checkbox"/> NO	6C. IF "YES" TO ITEM 6B, STATE OFFICE OR JOB TITLE, NAME OF DEPARTMENT, AGENCY, OR BUREAU, DATE OF LAST EMPLOYMENT (IF NOT CURRENTLY EMPLOYED IN SUCH POSITION), AND REASON FOR LEAVING.
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7A. HAVE YOU EVER FUNCTIONED AS AN AGENT OR REPRESENTATIVE BEFORE A DEPARTMENT, AGENCY, OR BUREAU OF THE FEDERAL GOVERNMENT?  <input type="checkbox"/> YES <input type="checkbox"/> NO	7B. IF "YES" TO ITEM 7A, STATE THE NAME OF THE DEPARTMENT, AGENCY, OR BUREAU.
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7C. HAS ANY DEPARTMENT, AGENCY, OR BUREAU OF THE FEDERAL GOVERNMENT EVER SUSPENDED OR TERMINATED YOUR AUTHORIZATION TO ACT AS AN AGENT OR REPRESENTATIVE?  <input type="checkbox"/> YES <input type="checkbox"/> NO	7D. IF "YES" TO ITEM 7C, GIVE THE NAME AND ADDRESS OF THE DEPARTMENT, AGENCY, OR BUREAU WHICH SUSPENDED OR TERMINATED YOUR AUTHORIZATION. ALSO PROVIDE THE DATE OF SUSPENSION OR TERMINATION, A COPY OF ANY SUSPENSION OR TERMINATION NOTICE, AND ANY OTHER PERTINENT DETAILS (ATTACH SUPPLEMENT AS NECESSARY).
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8A. HAVE YOU EVER BEEN A DEFENDANT IN A CRIMINAL CASE (OTHER THAN A MINOR TRAFFIC VIOLATION) OR BEEN HELD IN CONTEMPT OF COURT IN A CIVIL CASE?

YES  NO

8B. IF "YES" TO ITEM 8A, PLEASE STATE THE TYPE OF CASE, THE COURT, THE OFFENSES INVOLVED, THE RESULT, AND THE CIRCUMSTANCES SURROUNDING THE CASE (ATTACH SUPPLEMENT AS NECESSARY).

8C. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (OTHER THAN A MINOR TRAFFIC VIOLATION) OR PLACED IN A PRETRIAL DIVERSION PROGRAM?

YES  NO

8D. IF "YES" TO ITEM 8C, PLEASE LIST THE COURT(S), THE OFFENSES INVOLVED, THE DATE(S) OF CONVICTION(S), INCARCERATION(S), OR PLACEMENT(S) IN PRETRIAL DIVERSION PROGRAM(S). ALSO PLEASE STATE WHETHER YOU ARE CURRENTLY ON PROBATION OR UNDER ANY FORM OF COURT-IMPOSED SUPERVISION (ATTACH SUPPLEMENT AS NECESSARY).

9A. HAVE YOU EVER BEEN DETERMINED MENTALLY INCOMPETENT OR BEEN HOSPITALIZED AS A RESULT OF A MENTAL DISABILITY OR DISEASE?

YES  NO

9B. IF "YES" TO ITEM 9A, PLEASE LIST THE DATES OF ANY INCOMPETENCY DETERMINATION(S), THE COURT OR AGENCY WHICH MADE THE DETERMINATION AND/OR THE DATES AND LOCATION(S) OF HOSPITALIZATION(S) DUE TO MENTAL DISABILITY OR DISEASE (ATTACH SUPPLEMENT AS NECESSARY).

9C. IF "YES" TO ITEM 9A, ARE YOU CURRENTLY UNDER TREATMENT FOR A MENTAL DISABILITY OR DISEASE?

YES  NO

IF "YES" MAY WE CONTACT YOUR TREATING PHYSICIAN(S) TO INQUIRE AS TO THE NATURE OF YOUR CONDITION AND WHETHER THIS CONDITION MAY AFFECT YOUR ABILITY TO REPRESENT VA CLAIMANTS? (*Prior to contacting your physician(s), we will send you a form requesting your specific authorization to contact your physician(s).*)

YES  NO

IF "YES" PLEASE PROVIDE NAME(S), ADDRESS(ES), AND PHONE NUMBER(S) OF TREATING PHYSICIAN(S).

10. IF YOU HAVE EVER BEEN ACCREDITED AS A REPRESENTATIVE OF A VETERANS SERVICE ORGANIZATION(S) AND YOUR ACCREDITATION HAS EVER BEEN TERMINATED OR SUSPENDED BY OR AT THE REQUEST OF THE ORGANIZATION(S), IDENTIFY THE ORGANIZATION(S) AND EXPLAIN THE CIRCUMSTANCES SURROUNDING THAT TERMINATION OR SUSPENSION.

**11. CHARACTER REFERENCES**

*(Please provide the full names, addresses, and current phone numbers of three individuals who are not immediate family members and who have personal knowledge of your character and qualifications to serve as a claims agent.)*

NAME	ADDRESS	PHONE NUMBER <i>(Include area code)</i>
1		
2		
3		

12. DO YOU HAVE ANY PHYSICAL LIMITATIONS WHICH WOULD INTERFERE WITH YOUR COMPLETION OF A COMPREHENSIVE WRITTEN EXAMINATION ADMINISTERED UNDER THE SUPERVISION OF A VA REGIONAL COUNSEL?

YES       NO

IF "YES," PLEASE STATE THE NATURE OF SUCH LIMITATIONS AND PROVIDE DETAILS OF ANY SPECIAL ACCOMMODATIONS DEEMED NECESSARY.

13. THE SPACE BELOW MAY BE USED TO SUPPLEMENT ANSWERS TO ANY OF THE QUESTIONS CONTAINED IN THIS APPLICATION OR TO PROVIDE ADDITIONAL INFORMATION THAT YOU BELIEVE TO BE RELEVANT TO YOUR APPLICATION.

*(This area is intentionally left blank for supplemental information.)*

**CERTIFICATION:** I CERTIFY THAT the statements and entries on this form are true and complete to the best of my knowledge and belief.

SIGNATURE OF APPLICANT

DATE SIGNED

*(Signature line)*

*(Date line)*

**PENALTY:** The law provides that whoever knowingly and willfully makes a false writing or document which contains a materially false, fictitious, or fraudulent statement or entry, or conceals a material fact concerning a matter under the jurisdiction of a branch of the Federal Government shall be punished by a fine or imprisonment or both (18 U.S.C. 1001).