

**CERTIFICATION FORM**

**RETURN TO:** Department Service Officer  
American Legion Department of Virginia  
1708 Commonwealth Avenue  
Richmond, VA 23230

**OR EMAIL TO:** [vaalserviceofficer@gmail.com](mailto:vaalserviceofficer@gmail.com)

**REFERENCE:** Department of Virginia Service Officer Training

The individual listed below is a member in good standing of American Legion Post \_\_\_\_\_ located in \_\_\_\_\_, Virginia and has completed the Service Officer Basic Class on Line and the test is attached to this form. The individual is committed to attending and working at a claims clinic in his/her region within six months Of the date of this form. The Commander or Adjutant certifies that the below named individual(s) have committed to serving a minimum of 3 years as a Service Officer upon completion of the course.

**Name:** (How it should appear on Diploma)

\_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

The additional individual(s) have agreed to make a minimum commitment of three years as Service Officers assisting veterans with Claims.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name  
Commander/Adjutant