VA U.S. Department of Veterans Affairs

Form Approved: OMB No. 2900-0018
Exp. Date: March 31, 2026
Respondent Burden: 15 minutes

APPLICATION FOR ACCREDITATION AS SERVICE ORGANIZATION REPRESENTATIVE

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE: The information requested on this form is solicited under 38 U.S.C., Section 5902, which authorizes VA to recognize representatives of approved organizations for the preparation, presentation, and prosecution of claims under laws administered by VA. The requested information will enable VA to determine your eligibility for accreditation as a representative of a recognized service organization. Your disclosure of this information to us is voluntary, but your failure to provide full information could delay or preclude your accreditation. The Privacy Act authorizes VA to disclose the information outside VA for certain routine uses, which have been published in the Federal Register with reference to a VA system of records entitled, "Accreditation Records-VA" (01VA022). Such routine uses include verification of the identity, status, and service organization affiliation of representatives, civil or criminal law enforcement, communications with members of Congress of their representatives, Government litigation, and notification to service organizations of information relevant to a refusal to grant or a suspension or termination of accreditation.

RESPONDENT BURDEN: VA may not conduct or sponsor, and you are not required to respond to, this collection of information unless it displays a valid OMB Control Number. The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

SECTION I - TO BE EXECUTED BY DESIGNEE *(Type or print)*

1. LAST NAME - FIRST NAME - MIDDLE NAME	2a. HOME ADDRESS	2b. BUSINESS ADDRESS

3. BRANCH OF SERVICE *(Check applicable boxes)*

☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☐ COAST GUARD ☐ NON-VETERAN

☐ NOAA ☐ PUBLIC HEALTH SERVICE ☐ SPACE FORCE ☐ OTHER *(Specify)*

4. LIST OF DATES OF ALL ACTIVE SERVICE	5. CHARACTER OF DISCHARGE(S)	6. METHOD OF QUALIFICATION
		☐ COMPLETED APPROPRIATE TRAINING ☐ EXPERIENCE REPRESENTING CLAIMANTS

7A. NAME OF ORGANIZATION WHICH YOU WILL REPRESENT	7B. EMAIL AT ORGANIZATION	7C. PHONE NUMBER AT ORGANIZATION

7D. RELATIONSHIP TO ORGANIZATION		7E. COUNTY OR TRIBAL VETERANS SERVICE OFFICERS
ARE YOU A MEMBER IN GOOD STANDING OF THE ORGANIZATION SHOWN IN ITEM 7A? ☐ YES ☐ NO	ARE YOU A PAID EMPLOYEE OF THE ORGANIZATION SHOWN IN ITEM 7A, WORKING FOR THE ORGANIZATION FOR NOT LESS THAN 1000 HOURS ANNUALLY? ☐ YES ☐ NO	ARE YOU A PAID COUNTY OR TRIBAL EMPLOYEE: A) WHO WORKS FOR THE COUNTY OR TRIBAL GOVERNMENT NOT LESS THAN 1000 HOURS ANNUALLY; B) WHO HAS SUCCESSFULLY COMPLETED VA-APPROVED STATE TRAINING AND EXAMINATION; AND C) WHO WILL RECEIVE REGULAR STATE SUPERVISION AND MONITORING OR ANNUAL TRAINING? ☐ YES ☐ NO

8. ARE YOU ACCREDITED TO ANY OTHER ORGANIZATION(S)?

☐ YES ☐ NO *(If "YES," give name of organization(s))*

9A. ARE YOU EMPLOYED IN ANY CIVIL OR MILITARY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT?	9B. HAVE YOU EVER HELD A FEDERAL GOVERNMENT POSITION WHICH INVOLVED ANY ACTION RESPECTING CLAIMS IN THE DEPARTMENT OF VETERANS AFFAIRS OR THE VETERANS ADMINISTRATION?
☐ YES ☐ NO *(If "YES," give name of agency or department)*	☐ YES ☐ NO

It is understood and agreed that neither the designee nor the organization will charge or accept any fee or other gratuity for services rendered a claimant; that neither will publish or divulge any confidential information except as provided by law or regulation; and that any breach of these conditions will be sufficient basis for revocation of accreditation.

10. SIGNATURE OF DESIGNEE *(NEW CERTIFICATIONS ONLY) (Ink Signature)*	11. DATE OF SIGNATURE

SECTION II - TO BE EXECUTED BY PROPER CERTIFYING OFFICER OF RECOGNIZED ORGANIZATION

CERTIFICATION: Subject to the foregoing agreement, the undersigned hereby certifies that the designee is of good character and reputation, is qualified by training or experience to present claims, and that the foregoing statements are believed to be correct.

☐ We therefore recommend primary accreditation.

☐ We therefore recommend cross-accreditation based on the designee's accreditation with (*give name of organization*): _____

☐ We therefore recertify the qualifications of this representative.

12. SIGNATURE AND TITLE OF CERTIFYING OFFICER *(Ink Signature)*	13. NAME OF ORGANIZATION

14. ADDRESS OF CERTIFYING OFFICER	15. DATE OF SIGNATURE

PENALTY: The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine or imprisonment or both (18 U.S.C. 1001).