

Annual Certification of Good Standing As an Accredited Claim Representative with the Department Of Veterans Affairs

I certify that I am in good standing with all courts, bars or federal or state agencies listed below to which I am admitted to practice or otherwise authorized to appear. This certification is in compliance with 38 C.F.R. § 14.629(b)(4).

Name of Court, Bar, Federal Agency or State Agency – Include VA As a Federal Agency	Date Admitted to Practice or First Authorized to Appear	Identification Number if Any

I certify this information to be correct and true to the best of my knowledge.

Your Name _____

Your Accreditation Registration Number _____ Date _____

Signed _____
 (electronic signature is appropriate, i.e. "/your name/")

Email to: ogcaccréditationmailbox@va.gov

Fax to: (202) 495-5457

Mail to: Accreditation Department
 Office of General Counsel
 Department of Veterans Affairs
 810 Vermont Avenue, N.W.
 Washington, DC 20420