



# Service Officer Nominations

**DO NOT RETURN THIS FORM TO DAV NATIONAL HEADQUARTERS.  
MAIL TO YOUR LOCAL NATIONAL SERVICE OFFICE COORDINATING THE CERTIFICATION TRAINING.**

(Please Type or Print)

Chapter or Department: \_\_\_\_\_

Location: City \_\_\_\_\_ State \_\_\_\_\_

Address of Regular Meetings \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street Address City & State ZIP

Time & Day of Regular Meetings \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Time Day Week of Month

Website Address \_\_\_\_\_ Chapter Phone \_\_\_\_\_

**\*\*Multiple nominations are not necessary.\*\***

### Nominee #1

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Member Code# \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

### Nominee #2

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Member Code# \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

### Nominee #3

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Member Code# \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

### Nominee #4

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Member Code# \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

### Nominee #5

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Member Code# \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

### Nominee #6

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Member Code# \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

### Nominee #7

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Member Code# \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

### Nominee #8

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Member Code# \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

### Nominee #9

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Member Code# \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

### The Preceding Names and Positions Are Hereby Certified By:

(Form must be signed by the new commander and new adjutant.)

Commander: \_\_\_\_\_ Date: \_\_\_\_\_

Adjutant: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: MEMBERS CANNOT CONDUCT SERVICE WORK PRIOR TO COMPLETING DEPARTMENT/CHAPTER SERVICE OFFICER TRAINING AND BECOMING CERTIFIED.**

**Do not return this form to DAV National Headquarters. Mail to your local national service office coordinating the certification training.**

**Form must be returned PRIOR to Training. Fax completed & signed form to 651-291-0115 or via email to [dav.vbaspl@va.gov](mailto:dav.vbaspl@va.gov) Other questions on training call 612-970-5665**