

VA Form 21-22 **POA** Requirements

American Legion (AMLEG)

Block 3.A. American Legion (AMLEG) 074
Block 3.B. AMLEG Representative (CVSO's Name)
Block 3.C. AL.VBACLE@va.gov
Block 17. Signature of CVSO indicated in 3.B.

American Veterans (AMVETS)

Block 3.A. American Veterans (AMVETS) 077
Block 3.B. Any AMVETS NSO
Block 3.C. Terry.Carpenter2@va.gov
Block 17. Leave Blank

Disabled American Veterans (DAV)

Block 3.A. Disabled American Veterans (DAV) 083
Block 3.B. Leave Blank
Block 3.C. DAV.VBACLE@va.gov
Block 17. Leave Blank

Jewish War Veterans (JWV)

Block 3.A. Jewish War Veterans (JWV) 086
Block 3.B. Any JWV NSO
Block 3.C. None
Block 17. Any JWV Accredited CVSO

Marine Corps League (MCL)

Block 3.A. Marine Corps League (MCL) 088
Block 3.B. Any and All
Block 3.C. None
Block 17. Any MCL Accredited CVSO

Military Order of the Purple Heart (MOPH)

Block 3.A. Military Order of the Purple Heart (MOPH) 089
Block 3.B. Any Accredited MOPH NSO
Block 3.C. MOPH.VBACLE@va.gov
Block 17. Leave Blank

Paralyzed Veterans of America (PVA)

Block 3.A. Paralyzed Veterans of America (PVA) 071
Block 3.B. Leave Blank
Block 3.C. Leave Blank
Block 17. Leave Blank

NOTE: Please contact office directly prior to submitting request for POA

Veterans of Foreign Wars (VFW)

Block 3.A. Veterans of Foreign Wars (VFW) 097
Block 3.B. VFW Service Officer
Block 3.C. VFW.VBACLE@va.gov
Block 17. Leave Blank

Vietnam Veterans of America (VVA)

Block 3.A. Vietnam Veterans of America (VVA) 070
Block 3.B. Leave Blank
Block 3.C. Leave Blank
Block 17. Leave Blank

NOTEABLE AUTHORIZATION/CONSENT

 Block 12.

 Block 13.

(If marked, it may affect
acceptance of POA, as
claimant's Claim File
cannot be reviewed)

 Block 14.