



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.