

DAV DISABLED AMERICAN VETERANS
Building Better Lives for America's Disabled Veterans

State Department of Missouri

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Veteran Service Commission - Van Request Form

Name: _____ Date of Request _____

Address: _____

City, State & Zip: _____

Chapter # _____ Veteran: Yes _____ No _____ (check one)

Van Type requested: Large _____ or Small _____ (check one)

Signature: _____

This Section - Completed by VAC Chairman

Type/ van: _____ Year or Model: _____

Vin # _____ Mileage _____

Rate the condition: Excellent _____ Good _____ Poor _____ (check one)

Does the van run? Yes _____ No _____

VAC Approval: Yes _____ No _____

Price amount sold: _____