



**VAVS & SVH
GRANDE VOITURE
CERTIFICATION FORM**

(PLEASE PRINT OR TYPE ALL INFORMATION)

TO: VOITURE NATIONALE
ATTN: VAVS & SVH CERTIFICATION
777 NORTH MERIDIAN STREET, SUITE 204
INDIANAPOLIS, IN 46204-1421

FROM: GRANDE DU: _____

DATE: _____

CERTIFICATION TYPE (check one): VAVS _____ SVH _____

APPOINTMENT TYPE (check only ONE):

Representative _____ Deputy _____ Recertification _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE, ZIP CODE: _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

NAME OF PERSON BEING REPLACED: _____

FACILITY TYPE (check ONE): VA _____ State Veteran Home (SVH) _____

NAME: _____

CITY: _____

STATE, ZIP CODE: _____

VA FACILITIES ONLY! VISN: _____ **STATION NUMBER:** _____

Approved By: _____
Grand Chef de Gare / Grand Correspondant