

SECTION V - VETERAN'S COMMISSION CERTIFICATION (REQUIRED FOR ALL INITIAL APPLICANTS ONLY.)

16. DID THE VETERAN SERVE IN A COMBAT ZONE SINCE SEPTEMBER 11, 2001?

- Yes If yes, state time served in a combat zone: From _____ to _____
 (MM/DD/YY) (MM/DD/YY)
- No (If no, dependent is **not** eligible for this benefit.)

Note: For the purposes of this benefit, "combat zone" is defined as a geographic area where the service member is entitled to receive combat pay exclusion exemption, hazardous duty pay, or imminent danger pay, or hostile fire pay. Information must be shown on a DD214.

17. PLEASE COMPLETE THE FOLLOWING SHOWING THE ACTIVE DUTY TIME PERIOD REFERRED TO ABOVE AS TAKEN FROM DD214 OR CASUALTY REPORT.

BRANCH & SERVICE NUMBER	DATE OF ENLISTMENT/ COMMISSION (MM/DD/YY)	PLACE OF ENLISTMENT/COMMISSION	DATE OF DISCHARGE (MM/DD/YY)	PLACE OF DISCHARGE	RANK	TYPE OF DISCHARGE
18a.	18b.	18c.	18d.	18e.	18f.	18g.

19. HAS DEPARTMENT OF VETERANS AFFAIRS CERTIFIED THAT THE VETERAN DIED OF OR BECAME DISABLED DUE TO AN INJURY ATTRIBUTABLE TO AN ILLNESS OR ACCIDENT THAT OCCURRED WHILE SERVING IN COMBAT?

- Yes No

20. HAS DEPARTMENT OF VETERANS AFFAIRS CERTIFIED THAT THE VETERAN HAS BECOME 80% DISABLED AS A RESULT OF INJURIES OR ACCIDENTS SUSTAINED IN COMBAT ACTION AFTER SEPTEMBER 11, 2001?

- Yes No

21. AS AN ACCREDITED VETERANS SERVICE OFFICER WITH THE MISSOURI VETERANS COMMISSION, I _____ ,
 (VSO PRINTED NAME)

HEREBY CERTIFY THAT I HAVE REVIEWED THE VETERANS' SERVICE INFORMATION AND DEPARTMENT OF VETERANS AFFAIRS RECORDS AND HAVE DETERMINED THAT THE CIRCUMSTANCES SURROUNDING THE VETERAN'S SERVICE AND DISABILITY OR DEATH QUALIFY THE APPLICANT ACCORDING TO THE REQUIREMENTS SET OUT IN PARTS 6(b) AND 6(c) IN SECTION 173.234 OF MISSOURI STATE STATUTES.

- Yes No If no, please state reason:

22a. DATE (MM/DD/YYYY)

22b. VETERANS SERVICE OFFICER SIGNATURE