

## Form 1 - Certification of No Fees

VA file number: \_\_\_\_\_

Name of veteran: \_\_\_\_\_

Name of claimant: \_\_\_\_\_

Name of representative: \_\_\_\_\_

In accordance with 38 CFR 14.630, this acknowledges that the veteran, surviving spouse or other eligible dependent has appointed and authorized the named individual to provide representation before the VA.

The claim, benefit, or relief at issue is

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The veteran, surviving spouse or other eligible dependent and the representative acknowledge that no compensation will be charged or paid for the veterans benefits claims services rendered by the representative to the veteran.

Signature of Claimant: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_

Date: \_\_\_\_\_