

For clarity and response efficiency, please complete one form per passenger request.
For traveling service members on leave, please attach approved convalescent leave papers.



Please complete form and fax to Air Compassion For Veterans at 757-318-9107 or email to ops@aircompassionforveterans.org

888-662-6794

Date: _____

OIF/OEF Veteran Name: _____ Rank: _____ Age / Date of Birth: _____

Home of Record: Street Address: _____

City: _____ State: _____ Zip Code: _____

OIF/OEF Veteran Unit: _____ Branch of Service: _____

DATES OF DEPLOYMENT From: _____ To: _____

Passengers Name: _____ Phone Number: _____

(Legal Name)

Age / Date of Birth : _____

Relationship to Service Member: _____ Email: _____

Departure Date: _____ Return Date: _____

(Please circle)

Morning Afternoon Evening

(Please circle)

Morning Afternoon Evening

From (City/State): _____ To (City/State): _____

NATURE OF REQUEST (why does patient/person need to travel):

I certify that above named patient/sponsor was deployed in support of Operation Iraqi Freedom/ Operation Enduring Freedom during dates specified.

Signature

Printed Name

Position/Company/Organization

Phone Number/ Email

Certifying Official may be:

- Senior Enlisted from command (E7 and above)
- Officer from command (O3 and above)
- Command Chaplain
- Medical Facility Case Manager
- Command Ombudsman

Our purpose is to expand assistance to American Military personnel and/or family members who have unmet needs as a result of deployment in Iraq or Afghanistan (OIF/OEF).