

DEPARTMENT OF VETERANS AFFAIRS

APPLICATION FOR DISABILITY COMPENSATION AND RELATED COMPENSATION BENEFITS

VA FORM 21-526EZ (OFFICIAL CLAIM SUBMISSION WITH DOT HAZMAT EVIDENTIARY PROOF)

Veteran Full Name:	Lawrence Widlkowski
Social Security Number:	***.**-6789
VA File Number (C-File):	C-12345678
Date of Birth:	1980-05-15
Service Branch & MOS:	U.S. Army 11B Infantry
Claimed Conditions:	Tinnitus (DC 6260), PTSD (DC 9411), Lumbar Strain (DC 5237)
Toxic Exposure / TERA:	Burn pits, Particulate matter, High-decibel gunfire
DOT Hazmat Proof Attached:	Yes (3 DOT ERG / 49 CFR Chemical Compounds Mapped)