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 (2 DOT ERG / 49 CFR Chemical Compounds Mapped)**