



**RATING DECISION/ADMINISTRATIVE DECISION/FORMAL FINDING/STATEMENT OF THE CASE (SOC)/SUPPLEMENTAL STATEMENT OF THE CASE (SSOC)  
(Electronic Signatures)**

VETERAN'S NAME		CLAIMANT'S NAME	VA CLAIM NUMBER
END PRODUCT	DATE OF CLAIM (MM/DD/YYYY)	DECISION TYPE OF DECISION	DATE OF DECISION (MM/DD/YYYY)
FIRST SIGNATURE		TITLE	DATE SIGNED

***CERTIFICATION: I certify that I have electronically reviewed this decision and concur.***

SECOND SIGNATURE	TITLE	DATE SIGNED
THIRD SIGNATURE	TITLE	DATE SIGNED

REMARKS (Optional):

**FOR VA INTERNAL USE ONLY**