



Please Complete application and fax or email it back to Air Compassion for Veterans

Phone- 888-662-9794

Fax- 757-318-9107

Email - ops@aircompassionforveterans.org

For Clarity and Response efficiency, please complete the application completely.

Non urgent requests require 2 weeks notice. For large groups we ask at least 30 days advance notice.

We do have a spread sheet available for large groups.

Emergencies are handled accordingly.

Date: _____

Veteran Name: _____ Age / Date of Birth: _____

Branch of Service: _____ Rank: _____ Status (Active/Veteran/Reserve/Etc.): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____ Email _____

NATURE OF REQUEST (Brief explanation how service member/service member's family was impacted by deployment and the purpose of this travel.)(Attach additional sheet if needed.)

Signature of certifying Official

Printed Name

Position/Company/Organization

Certifying Official may be:

- Senior Enlisted from command
- Officer from command
- Command Chaplain
- Medical Facility Case Manager
- Command Ombudsman
- Nonprofit Organization Staff Member

Phone # Email

Travel and Passenger Information (including the soldier or applicant)

Please give thought to the dates and times when you send in the request. We cannot change or cancel the flights once they are booked.

One Way Round Trip *(circle one)*

Departure Date: _____ Return Date: _____
(Preferred Departure Time - Please circle) *(Preferred Departure Time - Please circle)*

Morning Afternoon Evening Morning Afternoon Evening

Departure (City/State): _____ Arrival (City/State): _____

WE MUST HAVE ALL PASSENGER INFO INCLUDING INFANTS

1. Passengers Name: _____ Age / Date of Birth: _____
(Legal Name)

Relationship to Service Member: _____ Special services required _____

2. Passengers Name: _____ Age / Date of Birth: _____
(Legal Name)

Relationship to Service Member: _____ Special services required _____

3. Passengers Name: _____ Age / Date of Birth: _____
(Legal Name)

Relationship to Service Member: _____ Special services required _____

4. Passengers Name: _____ Age / Date of Birth: _____
(Legal Name)

Relationship to Service Member: _____ Special services required _____

5. Passengers Name: _____ Age / Date of Birth: _____
(Legal Name)

Relationship to Service Member: _____ Special services required _____

6. Passengers Name: _____ Age / Date of Birth: _____
(Legal Name)

Relationship to Service Member: _____ Special services required _____

